MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15634 CERTIFICATE OF DEATH hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Pages 1 ter MARYLAND b. CITY OR TDWN (if outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b etely filled in by the bon papers. Page within 72 hours write RURAL and give nearest town) ATTSVILLE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1906 YES ND 114 letely pou NAME OF Year First Middle Last DATE Month Day DECEASED AVLOR 19 DEATH 1966 (Type or print) ELIZABE executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Days and and WIDDWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACÉ (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY CDUNTRY? ENNA certificate 13.__FATHER'S NAME MOTHER'S MAIDEN NAME 14. remova attending r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cramat requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pyelonephritis n signed burial-tra 20 DUE TO Bronchopneumonia Conditions, If any, which been gave rise to immediate as the b DUE TO cause (a), stating the Multiple myeloma underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health PERFORMED? certificate YES X NO T 0 PHYSICIAN: 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING detached f DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After d be d State ATTENDING at work 19 at work p.m. ould 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF filed MED. M.D. PHYS. PHYS. director, par should be fil Da HOSPITAL PHYSICIAN'S 22d. 22c. NAME (Type) 8641 Colesville Road, Silver Spring, Md. Lennard Gold, M.D. BURJAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 28th. LOCATION (City, town of county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I 25b. FUNERAL DIRECTOR VR A15 (4) 2DM 1/65

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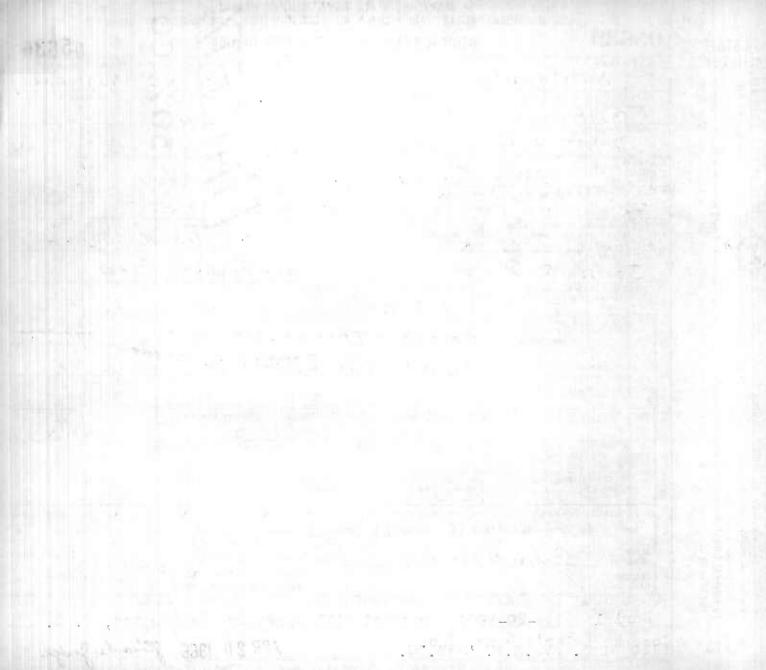
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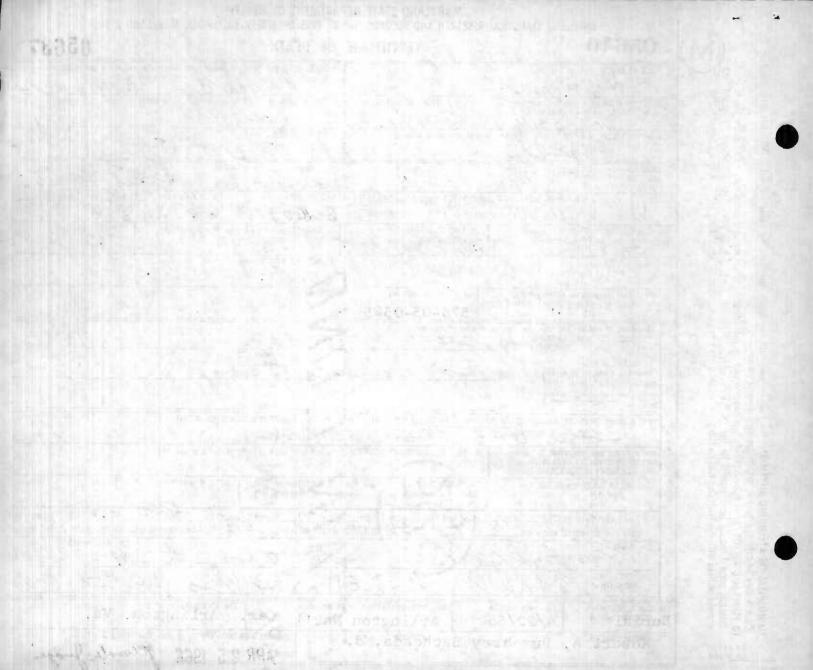
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Montgomery a. COUNTY o. STATE 2, ond 3 to PM3. Page Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Silver Spring ofter Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Deg 2 hours pencil in Item 18. Give Poges 1, cominer's Office along with farm 405 University Blvd. West Holy Cross Hospital YES NO be executed within 24 hours after death. 3. NAME OF First Middle Lost 4. DATE Month Year Day DECEASED LOUIS SCHAP JOHN 19 66 April 24 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Mofaths Pale Hours 12/10/96 Male White WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Plumbing COUNTRY? Dickson City, Pa. the certiticate, writing the word "pending" in pencil in 4 should be farwarded to the Chief Medical Exominer's ony 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown Stanley Schap 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address or removal, 207-01-2546 Louis R. Schap - 5518 Hoover St. Beth., Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ofd (c).) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) This certificote should writing the word cremation, Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause 0 used as buriol, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, 9 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should ogent, prior PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge ot wark ot wark its designoted 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection and in my apinian 5 death resulted from: the funerol director. Natural causes Accident Suicide . Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY EXAMINER'S NAME (Type) ELDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Yown) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 50 Rockville, Maryland BMQYALISPECTY) 4/27/66 Parklawn Cemetery 25b. REGISTRAR'S SIGNATURE Bethesda. Md 2So. REC'D BY REGISTRAR Pumphrey VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05639 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomera o. STATE 90 ond 3 to death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town ofter d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours alang with form 8. Give Pages ate NO V after death. NAME OF Middle DATE Day Year 72 DECEASED OF DEATH (Type or print within 19 with t S. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS lost birthday) Months Hours haurs WIDOWED DIVORCED event lem pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Washington. AUD pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ 121768 be executed wit File ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) remayal CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Coronary Thrombossis. OL IMMEDIATE CAUSE (o) word This certificate shauld cremation, DHE TO Hypertensive Cardio Vascular Disease Conditions, if any, which gove rise to immediate cause (a). 0 stating the underlying couse SD burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? the certificate. YES T NO priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I DICAL EXAMINER: CAUSE OF DEATH. agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 💢 Inquiry X and in my apinian death resulted fram: Natural causes X. Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Washington D.
RAR 25b. REGISTRAR'S SIGNATURE Prospect Hill Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR er's Sons VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05640 05637 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral ages 1 and rs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLANO within 72 haurs after c. CITY OR TOWN (If autside carporote limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) OCKUILLE IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) papers. YES NO 7 Middle 4. DATE 3. NAME OF Lost Ooy move carban DECEASED OF DEATH (Type or print) YEAR IF UNDER 24 HRS AGE (In years 5. SEX 6. COLOR OR RACE 7 MARRED NEVER MARRIEO lost birthdoy) Hours Ooys WIDOWED DIVORCED 0 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S_NAME or removal Address 13 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes no, or unknown) (If yes give wor or dates of service) 578-05-034 18. CAUSE OF DEATH (Enter only one couse per line for to (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o' DUE TO burial Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse prior to be retained by the haspital ar attending this certificate has been 19. WAS AUTOPSY PERFORMED? use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Health YES NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) (City or town) (County) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While Hour o.m. at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) oxended the deceased from_ director, page 3 shauld shauld be filed with the 1966, and that death accurred at M. fram causes and an the date stated above. saw the deceased olive on 220. SIGNATURE STAFF MED. OIRECTOR PHYS. 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) Arlington, va. (Stote) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF Cem BurEMPVALTSpecify) 22/66 Arlington Nat'l 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Pumphrey Bethesda.Md. VR A15 (4) 20 M 1/66

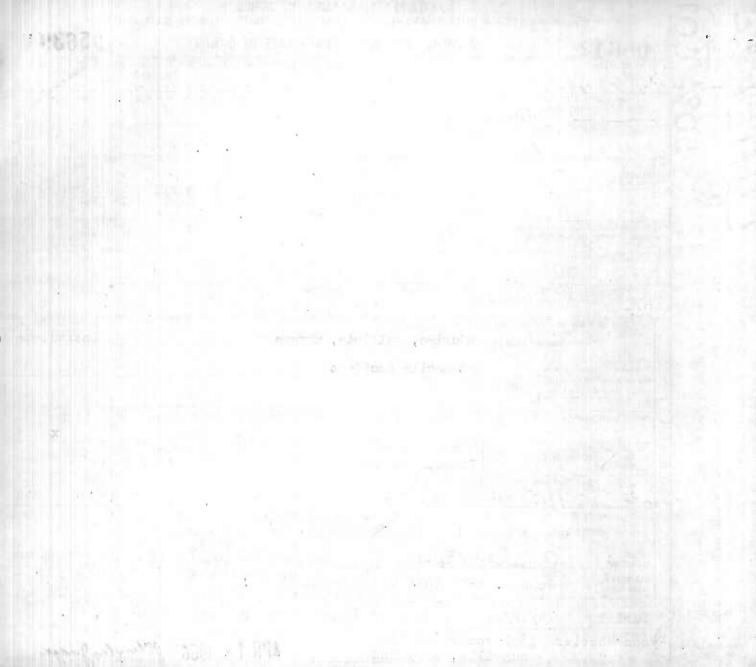


	1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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death	funeral and 2 r death.		1. PLACE DF CEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add a. STATE b. COUNTY b. COUNTY	mission)
offer	the es afte	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest	t (own)
3211	in by Pag hours		Write RURAL and give nearest town) TAKOMA PARK SILVER SORING 15.1	/
24 bours	filled in 72 h	71	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESI ON A F.	IDENCE ARM?
	ely fi	-	3. NAME DF First Middle Last 4 DATE Month Qay Yea	NO A
aidtim bothoan	completely filled in by see carbon papers. Page event, within 72 hours		OF OF OF OTEN JOHN SAMUEL Schooley DEATH 4 26 196	1 .
4.10	y eve		5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years FUNOER 1 YEAR FUNOER 1 Hours Ace (In years FUNOER 1 YEAR FUNOER 1 Hours Ace (In years FUNOER 1 YEAR FUNOER	24 HRS. Min.
		-	MALE White WIOOWEO DIVORCED 6-14-98 69 yrs. 10 12 100. USUAL OCCUPATION (Cive kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
4	cia		during most of working life, even if retired) iNOUSTRY Netired Osyt U.R. Givin U.S.A.	
4003	ding phy Then premoval,	91	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schoolev Graff	
100	t. Tr		15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	
400	aw requires that the beam certificate that the base by siched by the attending physis as the burial-transit permit. Then ple prior to burial, cremation, or removal, a		(Yes, no, or unknown) (If yes give war or dates of service) 578-32-8721 Hospital Records	
1	d by the atransit perr		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: ONSET AND O	WEEN
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	physician signed l burial-trai		Cenditions, If any, which gave rise to immediate (b)	
	tending physician ias been signed b as the burial-tran prior to burial, cre		cause (a), stating the DUE TO	
	ospital or attendir certificate has be hed for use as th t. of Health prior		(6)	TOPSY MEO?
F	tal or att ificate h for use Health p	0	Bronchopneumonia YES 1	NO 🔀
44101	his certification of H		COB. ACCIOENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20110			factory street office bldg etc.)	state)
9	Afte Afte Sta			
Trees	retained recTOR: A 3 should with the		21. I certify that (I) (this hospital) attended the deceased from 1954 to 4-26, 1966, that (I) (we saw the deceased alive on 1955 to 4-26, 1966, and that death occurred at 115 M, from the causes and on the date stated	
	m (4) >		22a. SIGNATURE 22b. DATE SICNED	
			22c. PHYSICIAN'S NAME (Type) M.D. PHYS. DIRECTOR PHYS. PHYS. Md.	>
1000	Page 4 may 0 FUNERAL director, pa	1	Russell B. Arnold, M.D. 1106 Spring St., Silver Sprin	7
-	Page TO FUNI	0	Burial, cremation, 23b. Oate thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Street, 12d. Neelsville Ch. Cem. Neelsville, Md.	ate)
		Co	24. FUNERAL OIRECTOR RODETT A. Pumphrey Bethesda, Md.	
	VR AI5 (4) 20M I/65	22	APR 29 1966 y Charles Judge	

88830 oof B. amole Space 17 S. Arnold, M.D. of 1206 Spring St. Okelleyer Spain Bucket 9/20'06 "egeTayille ib. On: - Monlayille, Mal. . DM . Then and verying . A dveden

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY o. STATE b. COUNTY MARYLAND State Department 2 hours after deal c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corparate limits, write RURAL and give neorest town) , 2, a., PM3. P d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET, ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm in Item 18. Give Pages NO V 24 hours ofter death. NAME OF Middle 4. DATE First Year DECEASED (Type or print) 1966 S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT -COUNTRY ? during most of working life, even if retired) INDUSTRY Many 14nd Studenrd 'pending' in pencil in Chief Medical Examiner's 13. EATHER'S NAME be executed within 111-15011 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Injuries, multiple, severe This certificate should cremation, DUF TO Automobile accident Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO pleose execute the certificate, 5 may be retained for your files.

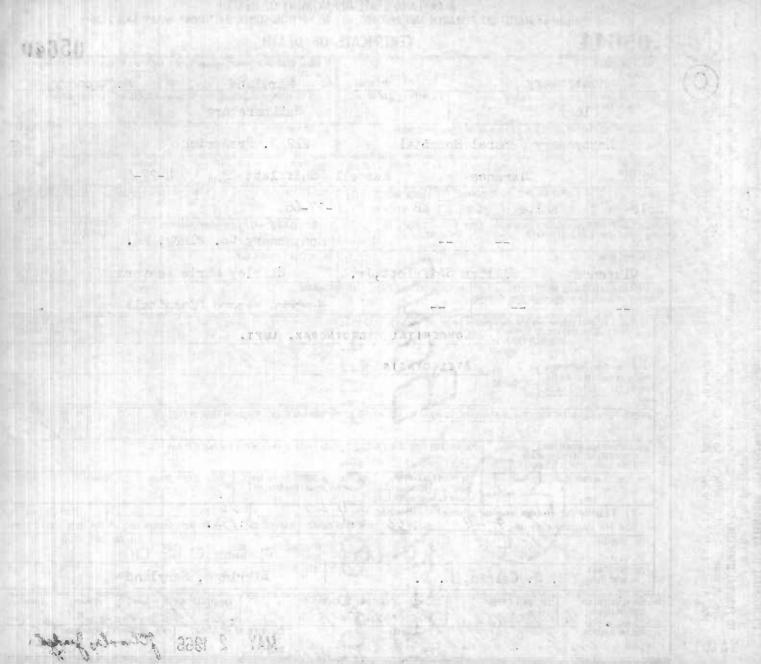
TO FUNERAL DIRECTOR: Page 3 should be to Health or its designated agent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Hour o.m. Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) foctory, street, office bldg., etc.) Not While ockville . Ment. 1966 Inspection A 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X ond in my opinion Accident N Suicide deoth resulted from: Notural couses Homicide funeral directar. Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 6936 Old Georget Addies (Sheet, city, town, or county) **EXAMINER'S** John G. Ball NAME (Type) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) Silver Spring, BEMOVAL (Specify) Gate of Heaven Cemetery 4/18/66 1331 Rockville ADDRINKE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE TYSON Wheeler VR A15ME (5) 6M 1/66 Ocharles Judge ockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY a. STATE b. COUNTY delay is Maryland 0 death, Montgomery Montgomery.
b. CITY DR TDWN (If outside carparate limits, MARYLAND c. LENGTH DE STAY IN 1b c. CITY QR TQWN (If gutside corparate limits, write RURAL and give nearest tawn) and write RURAL and give negrest tawn) after Silver Spring uears d. NAME OF HOSPITAC DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? hours along with farm 12114 Atherton Ct. 12114 Atherton Ct. Item 18. Give Pages YES ND D ote 60 3. NAME OF 4. DATE First Middle Last Manth Day Year DECEASED OF Clayton 19 66 within April (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVDRCED 24 hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY CDUNTRY? Camden, New Jersey gardenin 13. FATHER'S NAME Examiner 14 MOTHER'S MAIDEN NAME within pencil oog u Lee H. Sheaffer Dora Burrows pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT be executed permit. removol, (Yes, no, or unknown) (If yes give war or dates of service) 216-46-1988 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 IMMEDIATE CAUSE (a) word certificote should cremation, DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO 0 stoting the underlying couse 0.5 burial, 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificote, YES pe prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page pleose execute at wark at work 21. I certify that Ltaak charge of the remains described above, held an Autopsy [Inspection and in my apinian Accident [] the funerol director. death resulted from: Natural causes Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 EXAMINER'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 Burial (Specify) Wational Memorial Park Falls Church. Virginia May 1966 2Sa. REC'D BY REGISTRAR 8434 Georgia Avenue Silver Spring, Ma. Charles VR A15ME (5) Pumphrey. Inc. 6M 1/66

Bestell I had the Cathona Bounday had a bush beginned, the bush

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05644 CERTIFICATE OF DEATH within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages—and nation, or removal, and in any event, within 72 haurs after dept 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Montgomery Montg omery Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Montgomery General Hospital 212 N. Frederick YES NO 3. NAME OF First 4. DATE Month Doy Year DECEASED 4-27-66 Russell Shifflet Clarence 19 (Type or print) DEATH PHYSICIAN: The law requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Doys Hours NB DIVORCED 4-27-66 White Male WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRYSA during most of working life, even if retired) INDUSTRY Montgomery Co. Olney, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shirley Marie Deavers William Shifflett, Jr. Clarence 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service Newborn Record (Hospital) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: CONGENITAL HYDROTHORAX. LEFT. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ATELECTASIS rise to immediate couse (o), DUE TO stoting the underlying couse far use as the t f Health priar ta b O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO F 20o. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While shauld be 1966 ta 21. I certify that (I) (this haspital) attended the deceased fram 4 , 19___, that (I) (we) last and that death occurred op: 25A M. fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** X DIRECTOR director, page 3 shauld be filed v PHYS 22d. ADDRESS Elkridge, Maryland 22c. PHYSICIAN'S H. S. Celgin, M. NAME (Type) 23b. DATE THEREO 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION_(City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 115641 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ō death. MARYLAND ate Deportment CITY OR TOWN (If outside corporate write NIXAL and give neorest town c. LENGTH OF STAY IN 1b TOWN (If autside corparate limits, write RURA) and give neorest town) P. ond after OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 18. Give Poges 1, alalong with form hours ON A FARM? after deoth. 3. NAME OF DATE 72 DECEASED he OF within (Type or print) DEATH 9. AGE (In years IF UNDER 7. MARRIED IF LINDER 24 HRS Months dost birthdoy) Doys Hours WIDOWED DIVORCED hours Of Charles (Circle Epidof work days) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE_(State or foreign country) 12. CITIZEN OF WHAT 24 dny _= pages pencil 13. FATHER'S NAME within Ľ. ond AVAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. be executed 17. INFORMANT permit. (Yes, no, or unknown) (If yes give year or dotes of service removal. 578-62-0015 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute congestive heart failure 0 IMMEDIATE CAUSE (o) ward certificate should cremation, DUF TO Conditions, if ony, which gove due to arteriosclerotic heart disease. icate, writing the be forwarded to t rise to immediate couse (o), DUE TO stoting the underlying couse 0 lost. burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION the certificate, NO ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) FUNERAL DIRECTOR: Page 3 Hour o.m. foctory, street, office bldg., etc.) Not While please execute ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted from: Natural couses X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY **EXAMINER'S** O FUNE Health NAME (Type) BURIAL, CREMATION DATE THEREOF LOCATION (City or fown) (County) REMOVAL (Specify) April 1966 Cedar Green Castle Pennyslvania 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Dumphrey. Inc. Silver Spring. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05646 CERTIFICATE OF DEATH 05642 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND ARYLAND MONTGOMERY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) ONE MONTH GATTHERSBURG IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS BOX 208 Rt. #2 SUBURBAN YES NO IX NAME OF 4. DATE Middle Last Month Year DECEASED GLADYS V. SICKLES DEATH APRIL (Type or print) 19 66 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED FEMALE NEGRO UD IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p OHSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) _ DUE TO 3 mos. Arterial nephrosclerosis Canditians, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse 0 has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES DOCK NO this certificate 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Hour o.m. Nat While factory, street, affice bldg., etc.) ot work TO FUNERAL DIRECTOR: After of work L 21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on 1900, and the 19 00 ta 1. 1900, that (1) (we) lost be retained 1900, and that death accurred at M. from Jauses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN NAME (Type) directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Laytonsville, 4/21/66 Brooke Grove 25b. REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR

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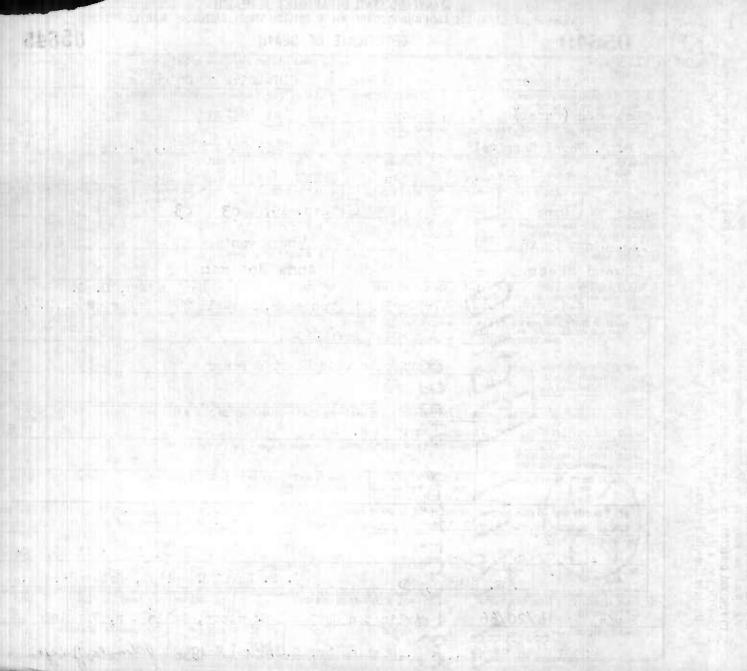
	1 /	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	= =0=	05647 CERTIFICATE OF DEATH 05643
400	24 nours after deaun. filled in by the funeral apers. Pages 1 and 72 n 72 hours after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE . b. COUNTY
	in the second	Montagmen Maryland Md. Prince Georges
	in by the same same same same same same same sam	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SI VENSOPIO AV C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) And Alexander Al
	filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	0.2	Holy Cross Hosp, oto, very pring 8308 19th Ave YES NOT
4	and completely remove carbon is any event, with	3. NAME OF First Middle Last 4. OATE Month Day Year OF DECEASED (Type or print) Charles Deceased Death April 19 19 66
	e é co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In fear's IF UNDER 1 YEAR IF UNDER 24 HRS
	ite be executed lysician and conplease remove , and in any ew	1) by e Wh, te WIDOWED DIVORCED 3/38/95 70 yrs.
		10a. USUAL OCCUPATION (Give kind of work done in the first of work done in the first of working life, even if retired). 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? U. S. GOV't U. S. A.
	physici physici n pleas val, and	13. FATHER'S NAME U. S. GOV'T COLGIN U. S. A.
	ling Ther emov	Philip Siegel Sarah Lazar
	The law requires that the death certificate be or attending physician. Sate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and it	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
-	the a	No 220-44-1599 Ben Siegel 3140 Wis., Ave., N.W., D.C.
	by the ansitransit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia
	i law requires that the attending physician. I has been signed bse as the burial-tran the prior to burial, creating the second of the second o	2 923 DUE TO
	requires ding ph been s the bur or to bur	Conditions, if any, which gave rise to immediate course (a) estation the DUE TD
	ttendin has be as the prior t	underlying cause last.) (c) Myeloid metaplasia
	N: The taw requiling tall or attending the tall or attending the tall or use as the best the tall or to the tal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) If EITHER, NOTIFY MEDICAL EXAMINER)
	rhysician: the hospital this certifi detached fo e Dept. of H	
	ing Physician d by the hospit After this certi i be detached State Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, st
	After de	
		saw the deceased alive on A 1966, and that death occurred at M, from the causes and on the date stated above
	W (7) >	22a. SIGNATURE Noton Clicker, M.D. ATTENDING MED. STAFF Y-19-66
		22c. PHSICIAN'S
	O HOSPITAL Page 4 may O FUNERAL C director, pag should be fill	NAME (Type) Morton Altschuler hil 9205-New Namp Ame Song gright
	Page 4 may TO FUNERAL TO FUNERAL director, page 5 should be fi	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 4-21-1966 Nat'l Memorial Park Falls Church Va.
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Ifalollog Ferral stand 4217-9xf1ST. H. W. DAPR 22 1966 Clearles Judge

Mentgemeny 5 WENTSHOR Hely Cross Hosp of S hen Soirce 1000 Charles 14/8/95 Male White Refired from paragrated in South Georgias CHARGE LATER Lagert collision 220-44-1990 July 282-01-37817 Has, 1990, 158, ב. מבירם בין כין העירונים Pulsointy aic a yeloid etanlasia termina sina sima shirondi Pirki 3001-1144. Shiran PUBLISHED AND AND AND AND APPLE OF THE PUBLISHED APPLE OF THE PUBLIS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after by the Montgomery
b. CITY OR TOWN (If outside corporate limits, District of Columbia MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) bon papers. Pag within 72 hours Washington Bethesda = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS 6. IS RESIDENCE ON A FARM? completely filled The Westwood Nursing Home 3339 Reservoir Rd., YES NO T executed within carbon NAME OF Middle Month Year DECEASED SIMPSON (Type or print) DEATH 25 1966 8. OATE OF BIRTH remove (6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) any bug Female 10/28/63 02 Caucasian WIOOWEO T 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. COUNTRY? Housewife Home Washington IIS A the attending physic to permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal John T. Scrivener Margaret Tierney 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Glencrest La. E.T. Simpson Kensington, Md. cremation, no in signed by the burial-transit p burial, cremation INTERVAL BETWEEN ONSET AND OBATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OHE TO Conditions, If any, which certificate has been gave rise to Immediate 計さ OUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? NO F CERTIFI 20a. ACCIOENT WAS UNCERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached f should be filed with the State Dept. of MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1960. to. 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE **OIRECTOR** 22c. PHYSICIAN'S 22d. AOORESS Geo. NAME (Type) Haffman, M.D. 23a. BURIAL, CREMATION, | 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Creek Cemetery Washington D. C. FCISTRAR'S SIGNATURE AOORESS 24. FUNERAL OIRECTOR 25a. REC'O BY REGISTRAR Jos. Gawler's Sons. Inc., Wash., D.C. VR A15 (4) 20M 1/65

The West who Intring Hone - 1888 Assertate Bu., I. . APTER DE . O . O . Sport and Mark Mark San Company of the Burger INTERPOSE TO THE TAX OF THE PARTY OF T E.T. PLANNON COMMITTEE ... M. A. The second of States Western Book Greek Jenetery Western Dr. T. Tr. بهت مواد و الم عمد ، المعالم ،

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05645 05649 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. and, 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH the funeral o. COUNTY o. STATE District of Columbia filled in by the fune n popers. Poges 1 c ithin 72 hours after d Montgomerv MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawa) Washington days Bethesda (rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 2853 Ontario Rd., N.W. U. S. Naval Hospital NO X 3. NAME OF Middle Lost 4 DATE Doy Year DECEASED William SKEEN 19 66 (Type or print) Alan DEATH April IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 83 yrs. Months Hours WIDOWED DIVORCED Jan. 19. 1883 In any Male Cauc 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) COUNTRY? INDUSTRY ondi U.S. Coast Guard Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Skeen Anna Hoffman Washington. D. C. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates of service) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 577-50-6308 Frances H. Nuttell 2853 OntarioRoad. N.W. -9-07 to 8-1-/ cremation, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or ottending os the ro FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use e Dept. of Health Septicemia due to infection with E. Coli NO K 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg., etc.) at work at wark 21. I certify that (4) (this hospital) attended the deceased from April 10 , 19 66 ta April 15, 19 66 that (4) (we) las saw the deceased alive an April 15 19 66 and that death occurred at 156AM, from causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. X April 15, 1966 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) S. Naval Hospital, Bethesda, Md. BARCAY. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Arlington National Cemetery, Arlington, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Hines Funeral Home VR A15 (4) 20 M 1/66 Williamse,



_ 1 (A	A	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	1	05650 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
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JIS a		b. CITY OR TOWN/(If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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The law requires that the death certificate or attending physician. Cate has been signed by the attending physic ruse as the burial-transit permit. Then ple calth prior to burial, cremation, or removal, and the control of the contr	d	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Address MRS. DORIS S. GL. 5031-ALLAN RD. WASH. DC (16)
e de the it pe	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1
at th ian. d by rrans crem	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
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equire ng p een he bu		gave rise to immediate cause (a), stating the DUE TO
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or at ate laste laste laste laste	CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed betached for use as the burial-trane Dept. of Health prior to burial, ore	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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G PH by the er th ate D	MEDICAL.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Clty or town) (State)
NDIN ned bared to After After After After St	2	21. I certify that (1) this pospital attended the deceased from the 3, 1964, to the 2, 1966, that (1) (we) last
ATTENDING retained by CCTOR: After 3 should be with the Stat		saw the deceased alive on Park 31966, and that death occurred aR. 42 M, from the causes and on the date stated above.
OR DIRE		M.D. ATTENDING DIRECTOR DIRECTOR PHYS. D 4/2/66
FITAL FRAL Sr, pë		22c. PHYSICIAM'S NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or removal, as	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
01 01 b		Cremation 4-5-1966 Cedar Hill Crematory Suitland Md
VR A15 (4)		4. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 4-64	P	L30 Wisc. Ave.N.W. Wash.D.C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND C. GMC. CERTIFICATE OF DEATH death. and, deal 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ARYLANOLD. COUNTY after hours after c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write_RURAL and give nearest town) 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) eq e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 NOX YES letely executed within carbon NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 19 6 nd con SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours WIDOWED > DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? phys. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph гетома 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the I-transit ONSET AND DEATH á PART I. DEATH WAS CAUSED BY: been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a) DUF TO Enmon Cenditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. certificate has as (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health PERFORMED? NO V 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While OR ATTENDING at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from e that (I) (we) last DIRECTOR: age 3 should led with the weil 26 1966 8 and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page **ATTENDING** MEO. DIRECTOR M.D. PHYS. Page 4 may FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS should be NAME (Type) director, BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town or county) EMOVAL (Specify) 0 FUNERAL OIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4)

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05652 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral . PLACE OF DEATH b. county Montgomery o. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) months Silver Spring ver Spring filled in I d. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 8403 Dixon Avenue YES NO PC 3. NAME OF DATE Middle Month Doy Year DECEASED 2 Alberta 1962 DEATH (Type or print) 9. AGE (In peors IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months White Doys Hours tamale cremotion, or removal, and in ony WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician Maine. Twn Home dousewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en Mary P. Wiggin Austin Johnson Address Xon Avenue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give, wor or dotes of service) 004-24-3613 Miss Priscilla Lond Silver INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: PHYSICIAN: The low requires that IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospitol or ottending physician. þ DUE TO signed I buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the this certificate hos been of Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IN PART 1(o) use CERTIFICATION YES NO lar 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. Not While foctory street, office bldg., etc.) of work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased fram, SHEAM, fram causes and an the date stated above. 1966, and that death accurred at saw the deceased alive an_ 220. SIGNATOR ATTENDING MED. DIRECTOR Mus M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Thibadeau FUNERAL NAME (Type) Robert itizens Savings Bldg. Kensington, Md director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Hinton. Rest Wood Cemetery 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATPR 20 M 1/66 wer Jorina.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 05654 funeral 1 and and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH South Carolina b. COUNTY o. COUNTY Montgomery MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after by the ... Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hin 72 haurs write RURAL and give nearest town)
Bethesda 23 Days Beaufort e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO U.S. Naval Hospital. Bethesda, Md. 501 Craven Street YES 3. NAME OF Middle Lost 4. DATE Month Doy Year ₹ X DECEASED Robert Lewis SMITTH DEATH (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED B. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED Male Cauc 1 April 1919 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10n USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

Retired INDUSTRY physician of please Kansas City, Mossouri
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME remava Herbert Alexander Smith Alvina Mary Purtee 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 501 Craven Street (Yes, no, or unknown) (If yes give war or dotes of service) UNKNOWN 0 YES Mrs. Amie E. Smith Beaufort, South Carolina crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma. Left Lung by DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? USe Health YES K NO [far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 30 March 1966 to 22 April 19 00, that (I) (we) las saw the deceased alive an 22 April 19 66, and that death accurred av: 45A M, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 22 April 1966 M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. BAYS CIAN'S O HOSPITAL MAMA (Type Donald K. ROEDER U.S. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. 23b. DATE THEREOF Burial (Specify) 966 National Cemetery Beaufort

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

1400 Chapin Street N.W.,

W.W. CHAMBERS CO. Washington, D.C.

25b. REGISTRAR'S SIGNATURE

Water Court of the Court of the

Sauteria Beautore

U.G. Mayel Hours'el, Bulledde, Mr. 1971 Crayen Street

Robert Lavie Stra ILDAN XE

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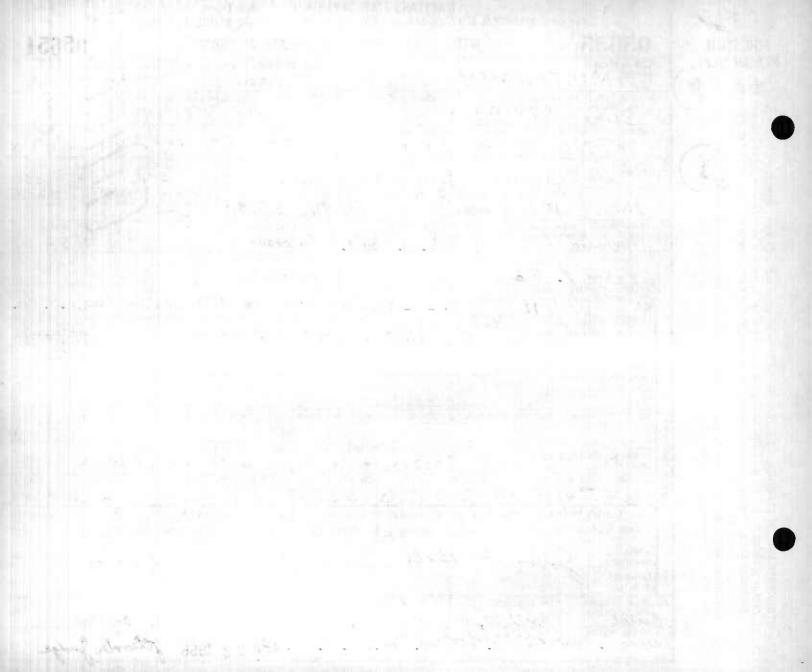
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William Car Maria Co. Territory and St. S.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0565 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Nontgomery Mentgomer D P.M.3. Poge 0 delay de b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ond off d. STREET ADDRESS not in hospital, give street address) e. IS RESIDENCE ON A FARM? form Give Pages NO after death. e Star alang with NAME OF Doy Year DECEASED Snow 1966 mond. Type or print DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED MIT NEVER MARRIED W: lost birthdoy) Months Dovs Hours Item 18. haurs WIDOWED and 2 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign count) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Gou't Colorado pages I Mechanic 2 Examiner's pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Ruth Oates File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT rd "pending" in Chief Medical E (Yes no, or unknown) (If yes give wor or dotes of service) permit. 17710 Striley Lane, S.S. Md. removal. Onez Hobbs Snow 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Gun Shot Wound of-Head burial-transit PART I. DEATH WAS CAUSED BY b IMMEDIATE CAUSE (o) shauld word crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). DHE TO certificate 0 stating the underlying cause farwarded writing last. burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION the certificate NO agent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING with. 22col **EXAMINER:** CAUSE OF DEATH. +· 11. MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page While Silver SFring Mont. ot work please execute designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 💢 Inquiry X and in my apinian death resulted fram: the funeral directar. Suicide X Natural causes Accident Hamicide Undetermined manner O DEPUTY MEDI CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER D **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) .Colesville Colesvill Burral Maryland 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05656 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page Montgomerv 3 to o MARYI AND hours after death Mont. Co. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b and write RURAL and give mearest town) D.O.A. Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with farm in pencil in Item 18. Give Poges 1, Suburban 5714-Ridgeway YES NO ... 24 hours ofter death. 3. NAME OF First Middle 4. DATE Lost Doy Year within 72 DECEASED the Lilliann 66 10 19 (Type or print) Lorgine DEATH Snyder 8. DATE OF BIRTH 9. AGE (In veols 1 T UNDER I YEAR with IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost wirthdoy) Hours female whi te 1/4/30 Pays WIDOWED DIVORCED any event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Morefield. W. Va. S. d "pending" in pencil in Chief Medical Exominer's Waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Eugene Kepner Marie Runner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes_no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address or removal, Unknown Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute fatty metamorphosis with cirrhosis, liver IMMEDIATE CAUSE (o)_ vears This certificate should writing the ward burial, crematian, DUE TO Conditions, if ony, which gove due to acute and chronic alcoholism years rise to immediate couse (o), DUF TO 0 stoting the underlying couse 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS)
PERFORMED? please execute the certificate, YES X NO its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page Not While the funeral directar. Poge ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔼 Inquiry X1 ond in my opinion death resulted from: Notural couses X Accident . Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** G. BALL JOHN 5 moy 10 FONER Health of Bethesda. Md. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) urial-transit Cumberland, Maryland Hillcrest Burial Park. 4-11-66 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Bethesda, Maryland ROBERT PUMPHREY Milane

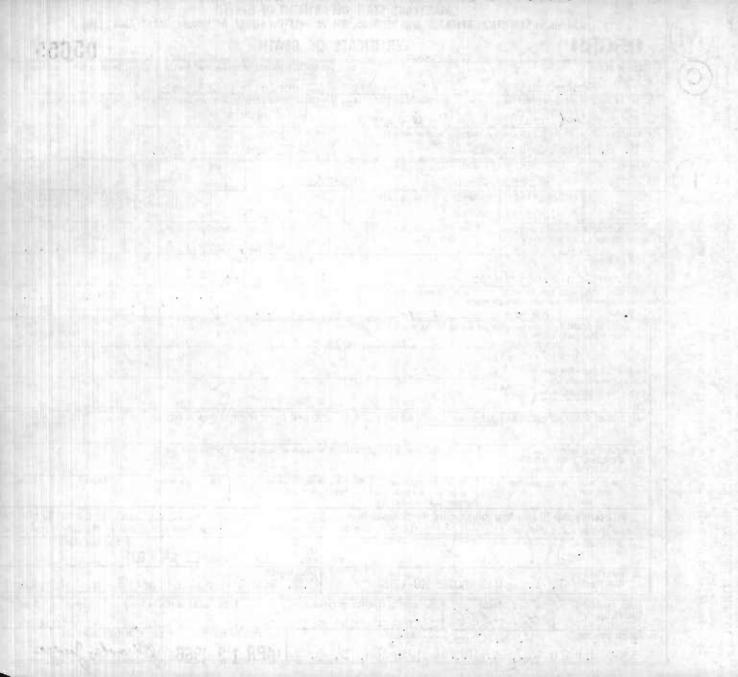
84331 AND THE RESERVE OF THE PROPERTY OF THE PROPERT MARYLAND STATE DEPARTMENT OF HEALTH

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11 2.	MARYLAND STATE DEPARTMENT OF HEALTH			
SI 3	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	05656 Item & Film G376 CERTIFICATE OF DEATH 05654			
HEALTH DEPTA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
s o ge to	Montgomery Maryland Naryland b. COUNTY MONTGOMERY			
ty delay is to PM3. Page PM3. Page art ment of ther death	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits write RIRAL and give pearest town)			
dela and M3. F Trmer	write KUKAL and give nearest tawn)			
20	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE			
ges 1, farm farm farm	ON A FARM?			
th. I far h far hau	Washington Sonitorium & Hospita 579 University Plvd & YES NO X			
frer death. If of Give Pages 1, and with farm the State De rithin 72 hours	DECEASED C / 1/1 ADDRESS CONTROL C - O - O 1			
after d 8. Give alang v with th				
0 00 0 3 5	le lune lune lune lune lune lune lune lu			
haurs tem 1 diffice 1 ama 2 event				
是 重	(OUNTRY?)			
l in ges ges any				
within 24 n pencil in Examiner's File pages and in any	13. FATHER'S NAME			
with year not	WOODWAKD Shaffer Elizabeth Force			
al E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? U. 16. SOCIAL SECURITY NO. 17. INFORMANT & Sprage 579 University Blud.			
nding" i Medical permit.	mone None Hospital Relaids E. S.S. Md.			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH			
be '' p ansi	IMMEDIATE CAUSE (a) Carble a Curhythmea (Ventreulas			
shauld be en ward "per to the Chief burial-transit	14331 DUE TO D'D'OD A' V AD A D D'			
sho e w th to th	(anditions, if any, which gave rise to immediate course (a), (b) fibrullation) with secondary Cardiac			
a b	stating the underlying cause Due 10 D			
certificate shauld writing the ward arwarded to the C used as a burial-tr burial, cremotian,	(c) West; arteriosclerosis ablilicans			
certification with an arwar arwar used buria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
This icate, be fa	The Wester Mellilus. YES NO X			
ertificat ould be s. nauld be priar to	PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PART OF DEATH OF LANGE OF DEATH OF LANGE OF DEATH PERFORMED? YES NO OF LANGE OF DEATH OF LANGE O			
INER: This he certificate, should be for files. 3 should be used the control of t				
S = Sh	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or town) (County) (State)			
KAN te t du dage age	Haur a.m. p.m. 19 While at wark at wark factory, street, affice bldg., etc.)			
L E) ecu Pag or) R: P	21. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 💢 and in my apinion			
od f	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner			
MEDICA please ex- director. retained DIRECTO	CHIEF MEDICAL EXAMINER			
ple ple II di di sits	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED			
EPUTY SSSary, F funeral ay be r JNERAL Ith or it	EXAMINER'S DEPUTY MEDICAL EXAMINER A 4/25-119//			
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	NAME (Type) BELDEN K, TEAP, MID; Author (Subscription of county) 7 23/1766			
nece the 5 m 6 FU	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)			
	Burial (Specify) 27 April 1966 Parklawn Cemetery Rockville, Maryland			
VR AISME (5)	24. FUNERAL DIRECTOR Slen Carter 8434 ADDRESS AVENUE 250 APER BYREGISTRAP COSTORALIRE LEADER SUGNATURE			
6M 1/66	Warner & Dumphrey Inc. Silver Spring. Md. DATE 1000			

Royal Ald T 1866 Jetanla Judge The second second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05659 CERTIFICATE OF DEATH **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b. COUNTY Montgomery District of Columbia MARYLAND in by the f ers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town). c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 papers. Pag Washington 6 days Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i U. S. Naval Hospital 4471 MacArthur Blvd. YES NO TX NAME OF First Middle 4. DATE Month Lost Dov Year DECEASED OF DEATH Barbara Jean SPRINGER 1966 April 8 event, (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Months Hours Female Cauc WIDOWED DIVORCED April 3, 1966 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) INDUSTRY Bethesda, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Franklin S. Springer Lucy Anne Lauermann Address Washington, D.C. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT N. W. (Yes, no, or unknown) (If yes give war or dates of service) ar NONE Franklin S. Springer 4471 MacArthur Blvd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Anencephaly IMMEDIATE CAUSE (o) signed by 750 X DUE TO Conditions, if any, which gove rise to immediate couse (o), DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, office bldg., etc.) at wark 21. I certify that (1) (this hospital) ottended the deceased from April 3 , 19 66, to April 8 , 19 66 that (1) (we) los saw the deceased olive on April 6 , and that death accurred at 940AM, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS. director, page should be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) J. I. Lynch LCDR MC USN U.S. Naval Hospital Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify)
Burial 66 rlington National Cemetery Arlington, Virginia
250. RECO BY REGISTRAR 250. REGISTRAR'S SIGNATURE W. W. Chambers ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1400 Chapin St., N. W., Washington, D. C.



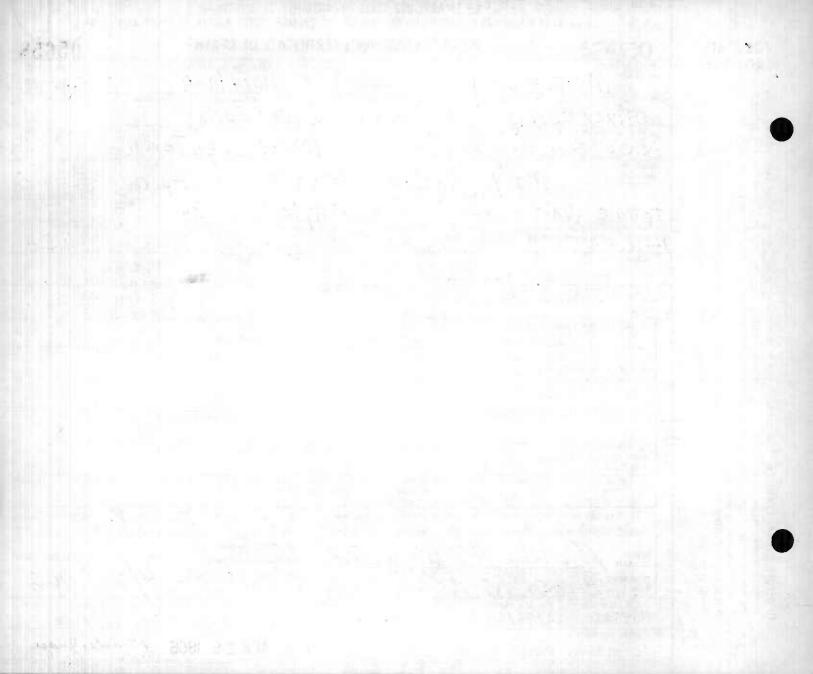


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V	1 4		MARYLAND STATE DEPARTI DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W		MARYLAND
E.	E015	- 1	05661 CERTIFICATE OF		05657
after death	the funera	1.		STATE Maryland b. COUNTY Mo	Residence before admission
	. 200		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	Y OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
hours	든 . 은		Silver Spring 8 yrs. S	ilver Spring	15-1
	filled appers			EET ADDRESS'	e. IS RESIDENCE ON A FARM?
n 24				13801 Marianna Dr.	YES NO X
within	completely ve carbon event with	3.	NAME OF DECEASED (Type or print) William Leroy Middle Star	Last 4. DATE Month OF DEATH	Day Year 17 19 66
executed	and con any eye	5.		OF BIRTH 9. AGE (in years IFUNDE last birthday)	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
certificate be ex	physician a please re wal, and in	dur	ng most of working life, even if retired) INDUSTRY No. No.	IRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
icat	ph)	13.		IOTHER'S MAIDEN NAME	
ertii	Then removal		William Stanton, Sr.	Mamie B. Kitzmiller	
death c	a Fig	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMI, s, no, or unknown) (If yes give war or dates of service) 216-16-0195 Mrs. Ox	ttie S. Stanton Silver Spr	
he	ed by the at- transit perm, cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 . D	INTERVAL BETWEEN ONSET AND DEATH
at t	ed by the transit, crema		PART I. DEATH WAS CAUSED BY: Arterioscleratic t	trait Disease	2 yrs
s th	n signed burial-tra burial, cr	0	Conditions If any which I		inderminate
uire	//	0	conditions, if any, which gave rise to immediate (b) Coronary Cuttrioscler	0515	The entitled
red	as the b		cause (a), stating the underlying cause last.		
The law	10 10 10	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PHYSICIAN:	r this certificate detached for use to Dept. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of Injury In Part I or Part II of Item 1	8.)
NG PHY	After this do be detail State De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF IN factory, street 20e. PLACE OF IN factory	IJURY (Home, farm, t, office bldg., etc.)	ounty) (State)
ATTENDI	DIRECTOR: Al age 3 should lied with the S		21. I certify that (I) (this hospital) attended the deceased from Jan saw the deceased alive on Oct 15, 1965, and that death of	occurred at 4 o M, from the causes and on	the date stated above
E			22a. SIGNATURE		DATE SIGNED
S ed	nt DIR page filed		Maurice Franks M.D. ATTEL	INDING MED. STAFF DIRECTOR PHYS. 1	117/66
O HOSPITAL Page 4 may	or, p		22c. PHYSICIAN'S 22d.	. ADDRESS 30 N.H. Que, Wy, Wash 6,	PC 20036
Dage Page	dire Should	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREI	MATORY 23d. LOCATION (City, town or co	ounty) (State)
7	100		Burial 121 April 1966 Herbiraton National		DIA A IONATI/- Z
100		24	FUNERAL DIRECTOR Glon Garles 8434 ADDRESS Avenue	25a. REC'D BY REGISTRAR 25b. REGISTRAI	
	A15 (4) M 4-64	0	Jarner E. Pumphrey, Inc. Silver Spring, Md.	DATAPR 2 2 1966 Cleane	les Judge

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LAN	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)1
STATE	05662 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05658
Poge ant of leoth.	1. PLACE OF DEATH a. COUNTY MONTGOMENY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. STATE Mary land b. COUNTY Mo	ntgomery
rm PM3. Poge Deportment of rs after deoth.	b. CITY OR TOWN (If autside corporate limits, write RURAL and give street address) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give STAY IN 1b) c. CITY OR TOWN (If autside corporate limits, write RURAL and give STAY IN 1b) C. CITY OR TOWN (If autside corporate limits, write RURAL and give STAY IN 1b) d. NAME OF HOSPITAL OR INSTITUTION (Unat in haspital, give street address) d. STREET ADDRESS	15.1
with form the Stote De 72 hours	1005 Quebec Terrace 1005 Quebec Terrace	e. IS RESIDENCE ON A FARM? YES NO X
th th	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Oss pirthday) Months Month Mon	Day Year 19 66 YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done dupling most of working life, even if retired) 10b. KIND OF BUSINESS OR life (State or foreign country) INDUSTRY 11. BIRTHPLACE (State or foreign country) COU	ZEN OF WHAT NTRY? U.S.A.
Examiner File poges and in an	13. FATHER'S NAME	
edical Exar ermit. File noval, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 1005 Quebe No 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. Address of Social Security No. 19. INFORMANT 19. INFORMANT 1005 Quebe Silver Spr	c Terr.
forwarded to the Chief Medical Examiner's s used as o buriol-transit permit. File poges o burial, cremotion, or removal, and in any	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO DUE TO	ONSET AND DEATH
o buriol-transit permit. cremotion, or removal,	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	
ed as	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
3 should be ant, prior to	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
Page 3 s d agent	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark factory, street, affice bldg., etc.) 20f. (City ar tawn) (Caun	
RECTOR: Pesignate	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry , death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .	and in my apinian
FUNERAL DIRECTOR: Page saith or its designated age	SIGNATURE SIGNAT	22. DATE SIGNED
FUNERAL Health or	23a. BUNDALAGE CASE). 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Caunty) (State)
P.P.	24. FUNERAL DIRECTOR ADDRESS 1 25g. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIG	NATURE
(5)	Robert A. Pumphrey Bethesda, Md. DATEAPR 29 1966 June	es Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY Marul and MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Silver Sprina Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 415 Burnt Mills Avenue YES NO Church Hill Drive NAME OF Middle DECEASED (Type or print) LOUIS DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retirad) Retail Merchant Retired Russia LLSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Mr. Robert B. Swerdlin 1330 Church Hill 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ESPIRATORY FAILURG ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2-31162 IMMEDIATE CAUSE (a) MYOCARDIAL TNEARCHON DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the undarlying CARINARY THROMBOS'S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY PERFORMED? ISEASE + MYORAZA 568105(15R577C 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. ' 20f. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) While Hour a.m. at work et work /5 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.....19.6.4, and that death/occurred/side D.M. from the/causes and on the date stated above saw the deceased alive on.... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 是可 Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE Levinson & Bros. Inc. 6010 Reisterstown Rd 15M 7-62

ARYLAND STATE DEPARTMENT OF HEALTH

(d.e.)

Blothen (Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		05664 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15661)
HEALTH DEF		1. PLACE OF DEATH O. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) b. COUNTY Montgomery Maryland Maryland Maryland Maryland Maryland Maryland Maryland
death. If any delay is Pages 1, 2, and 3 to with farm PM3. Page e State Department af	ofter de	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give pearest tawn) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Silver Spring d. STREET ADDRESS e. IS RESIDENCE
farm farm	SJOOLS	Holy Cross 105 Randolph Road YES NO
r death ive Pag g with	Ag 72 H	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Janet Suzanne Swisher DEATH April Seventh 19 66
rs afte 18. Gi e alan	Trevity of the state of the sta	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED October 19,1949 9. AGE (In years last birthday) Months Days Hours Min.
hin 24 hours after c ncil in Item 18. Give niner's Office alang v pages 1 and 2/with th	ny ever	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY Public School Maryland 11. BIRTHPLACE (State ar fareign country) Maryland
within an pencil in Examiner	in in a	13. FATHER'S NAME Ralph Everett Swisher 14. MOTHER'S MAIDEN NAME Ila Fay Snow
ecuted ving" in edical Ex	aval, ar	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dates of service) None Ralph E. Swisher Silver Spring, Maryland
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, I directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm retained far your files. **DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the State Dep	burial, crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. (c) INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.
is certifica te, writing farwardec e used as	a burial	DART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO REATH BUIL NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1/4\
KAMINER: The te the certificate the terrification of the terrification of the territory of	d ogent, priar t	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Deceased was passenger in rt front seat when car left cause of DEATH. 20c. TIME of INJURY Month, Day, Year 100: 15 p.m. 4/7 1966 of work of work of work 15 street 16 street 18.) EXEMPTION MED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Deceased was passenger in rt front seat when car left 15 street 15 street 18. 20c. TIME of INJURY Month, Day, Year 1966 of work 18 street 18. Silver Spring Montg. Md.
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 should be for 5 may be retained far your files.	th ar its designated	21. I certify that I took charge of the remains described above, held an Autapsy Inspection I, Inquiry , and in my opinion death resulted from: Natural causes Ascident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) BELDEN Address Inter-city, town, or caunty) Suicide Address Inter-city, town, or caunty) Suicide Address Inter-city, town, or caunty) Suicide Suicide Address Inter-city, town, or caunty) Suicide Suicide
TO DI nece the the 5 mc	Hea	23a. BURIAL (REMATION, BENDYAL (Pecify) 12 April 1966 Arlington National Cem. 23d. LOCATION (City or Town) (County) (State) Arlington, Virginai
VR A15ME 6M 1/6	(5) 6	24. FUNERAL DIRECTOR That Shanes 8434 Georgia Avenue 250. RECO BY REGISTRAR 6 256. POLIPAR'S CONSTITUTED WATER E. Pumphrey, Inc. Silver Spring, MarylandtAPR 13 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05665 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death GEOTH. filled in by the funeral papers. Pages Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND of t b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside carparote limits, write RURAL and give nearest town write RURAL and give negrest town) haurs HE301a d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 YES NO R pau NAME OF campletely t 4. DATE Doy First Year DECEASED OF DEATH 19 6 6 (Type or print) 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Hours WIDOWED physician and chen ben please removed andringan 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? 24510 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Hospital Records None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY MALIGNANT CHEXIA IMMEDIATE CAUSE (o) signed by **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the priar to has been LEFT ULNAR WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO OC YES TO FUNERAL DIRECTOR: After this certificate P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work be retained by 21. I certify that (1) (this hospital) attended the deceased fram LEPT. 5 to ARPIL 24 ____, 19[de___, that (I) (swe) last 1959 1966, and that death occurred at 12:55 M, from causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) Robert G. Angle, M.D. 5009 Del Rav Ave. Bethesda, Md director, 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL Specify Parklawn Cemetery Rockville. Md. PR 2 8 19 25b. REGISTRAR'S SIGNATURE A. Pumphrey VR A15 (4) 20 M 1/66 Bethe s da Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND **85666** CERTIFICATE OF DEATH funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the n ges 1 after after Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Virginia Tazewell MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page oon papers. Pag within 72 hours hours Boissevain 35 Davs .⊑ Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS filled The Clinical Center. Bethesda 14. Maryland Box 314 NO Se YES completely to within 4. DATE Month 3. NAME OF Middle Last and com-remove carbo DECEASED April 19 66 Ethel Tabor 10 DEATH Norma (Type or print) executed AGE (In years | IFUNDER 1 YEAR | IFUNOER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 25 April 1912 Female OIVORCED [White WIDOWEO [attending physician ar ermit. Then please rei in, or remoyal, and in a 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR COUNTRY? during most of working life, even if retired) INOUSTRY certificate be IISA Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorena Hopkins Sam Blankenship 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Records. 16. SOCIAL SECURITY NO. ed by the attenctransit permit. (Yes. no. or unkown) (If yes give war or dates of service) that the death The Clinical Center. Bethesda 14. Maryland Not Available INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH has been signed by the as the burial-transit h prior to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial collapse with low cardiac output 8 hours PHYSICIAN: The law requires that the hospital or attending physician. Respiratory insufficiency 10 hours Conditions, if any, which gave rise to immediate **OUE TO** cause (a), stating the 5-8 years Mitral Stenosis underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D FUNERAL DIRECTOR: After this certificate It director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMEO? YES X NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING I at work at work 66 to 10 April, 1966, that W (we) last 21. I certify that # (this hospital) attended the deceased from 6 March 19 66, and that death occurred a 2:25 M, from the causes and on the date stated above. saw the deceased alive on 10 April 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MEO. DIRECTOR PHYS. PHYS. 10 April 1966 lleins PHYS. M.D. Page 4 may PHYSICIAN'S ADDRESS The Clinical Center, National NAME (Type) Scott Stewart. M.D. Institutes of Health, Bethesda 14, Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Bluefield, West Virginia
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE urial-transit 4-11-66 Woodlawn Cemetery AODRESS 24. FUNERAL OIRECTOR Bethesda, Maryland Charles

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O Z 4 O T	Removal" April 9 1966 Reedsville Reedsville 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246.					
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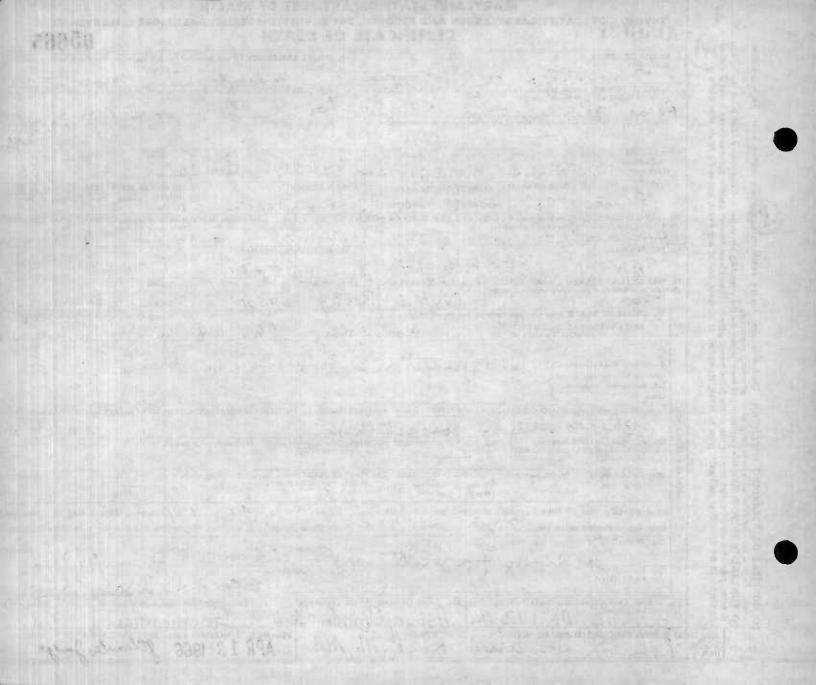
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15665 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) tunero o. COUNTY b. COUNTY Montgomery after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda (Rural) illed in by papers. Pager 72 hours a c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) days Washington. D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 16th St. N.W. within 72 ON A FARMS filled U. S. Naval Hospital NO P Roosevelt YES 3. NAME OF Middle Lost Day Year DECEASED Cathryn April TAYLOR 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED IK NEVER MARRIED birthdoy) Hours August 20, 1883 Female Cauc DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ZUSA during most of working life, even if retired)
HOUSEWITE INDUSTRY Newport, Rhode Island 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Unk nown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AddresBoston, Mass 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 0 Mr. William Taylor, Jr. 277 Huntington Ave. no burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial pneumonia IMMEDIATE CAUSE (o)_ signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the priar to hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) failure 19. WAS AUTOPSY PERFORMED? for use Heolth Arteriosclerotic cardio vascular Disease Assoc with Cong. Heart YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20f. (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (t) (this haspital) attended the deceased fram April 6, 1966, ta April 11, 19, 66 that (t) (we) last saw the deceased glive an April 11 19, 66, and that death accurred at 855P M, fram causes and an the date stated above saw the deceased alive anApril 11 TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING April 13,1966 director, page 3 should be filed v M.O. umerner PHYS. DIRECTOR 22c. PHYSICIAN U.S. Naval Hospital, Bethesda, Maryland NAME (Type J. E. Zimmerman 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4/14/66 Arlington National Cemetery Arlington, Virginia 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Hines Funeral Home ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 4th St. 6 N.W. Washington, D. C.

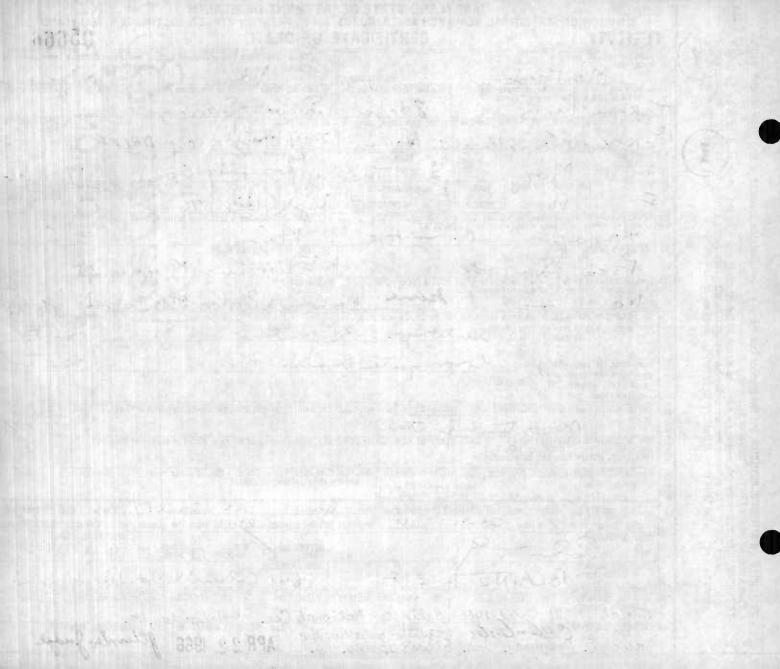
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH spould hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, Il Institution; Residence before edmission) e. COUNTY b. COUNTY the d MARYLAND by the ITY OR TOWN (if outside comporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (II outside corporete limits, write RURAL end give neerest fown) 24 Pages 1 aurs after -2. filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE papers. Pagin 72 hours ON A FARM? YES NO completely NAME OF First Middle Inst 4. DATE Month Dev Yeer DECEASED OF 0 (Type or print) DEATH 19 66 carbon withi 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Deys event WIDOWED DIVORCED affending physician ease remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY al 12. CITIZEN OF WHAT COUNTRY or loreign country) done during most of working lile, evan il retired) any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. and ā Then 15. WAS DECEASED EVER/IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no, or unkown) | (Il yes give wer or detes of service) RuB no signed by the the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one couse per line lor (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO burial, (e), stating the underlying couse last. the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? use prior NO X 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I of Part II of itam 18.) اور OR CONTRIBUTING [] CAUSE OF DEATH be retained by the CCTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the 3 should be detached WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, ollice bldg., etc.) While Not While ō Hour e.m. et work at work 19 p.m 21. I certify that (I) (this hospital) attended the deceased from.... 1948 19.6.6, that (1) (we) last saw the deceased alive on......19 6. and that death occurred at ... A. M, from the causes and on the date stated above мау 22e. SIGNATURE 22b. DATE MED SIGNED death. Page 4 root of rector, page 3 director, page 3 be filed with the DIRECTOR PHYS. M.D. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL (Specily) の音品 man 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) by Pag ers. Pag 12 hours hours filled in I days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO YES ! executed within NAME OF DATE Day Middle Last Year DECEASEO DF and comple (Type or print) DEATH (19 please remove c AGE (In years | IF UNDER 1 YEAR last birthday) 5. SEX DATE OF BIRTH 9. IF UNDER 24 HRS 6. COLOR DR RACE 8. 7. MARRIED NEVER MARRIED Months Days Hours and WIDOWED OIVORCEO 10a, USUAL DCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BURT HPLACE (County & State, or foreign country) physician be during most of working life, even if retired) INDUSTRY ()wr home certificate removal, FATHER'S NAME MOTHER'S MAIOEN NAME OVI Ve 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address INFORMANT 16. SOCIAL SECURITY NO. 17. has been signed by the atten as the burial-transit permit. (If yes give war or dates of service) death (Yes, no, or unkown) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health p r this certificate h detached for use te Dept. of Health PERFORMED? NO D YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Hour a.m. While Not While for FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State ATTENDING be retained by p.m. 19 at work at work 1962 toQueil 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at M. from the causes and on the date stated above. and 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENOING PHYS. Page 4 may 1 M.O. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) E 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington National Surra 014 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. Georgia Avenue VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05671 the death certificate be executed within 24 haurs after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ely filled in by the function papers. Pages 1 c, within 72 haurs after d MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 201 YES NO V carban NAME OF First Middle Last 4. DATE Month Day Year DECEASED 1966 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 last birthdoy) Months Hours may WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY,? during most of working life, even if retired) **INDUSTRY** GOVERNMENT HARLES COUNT THIEF FLEETRICIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, 6 HomAS TLICE 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, grunknown) (If yes give war or dates af service 10 BEULAH M. THOMAS, WIFE SAW AS Z ABOVE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit EREBRAL IMMEDIATE CAUSE (o) à DHE TO signed Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause the PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has YES NO this certificate b 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Nat While factory, street, affice bldg., etc.) at wark at work 21. I certify that (1) (this bospital) attended the deceased fram Got. 14, 1964, to APRIL 10, 1966, that (1) (we) las \$ 1966, and that death accurred at 11.20 M, fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased affive on Clarit 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. .M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) SUITLAND 2 ITILL Lemeter 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 24 hours after nontgomery JONT GOMER MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town re carbon papers. Pag event, within 72 hours Dethesda hesda days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) e. IS RESIDENCE filled d. STREET AOORESS ON A FARM? urban YES NO LANE ind SOR within completely NAME OF DATE Month Year First Middle Last Day DECEASED (Type or print) DEATH 19 mason executed AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Iast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours WIOOWED DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? Engraver U.SA MAP 1/1c death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT the attend t permit. 50 4513 Windson LANIS 220-44-6801 burial, cremation, Lauise INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONCHOPNEUMONIA **OUE TO** Conditions, If any, which peen gave rise to Immediate as the b DUE TO cause (a), stating the 10 YEAR underlying cause last. 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use PERFORMED? certificate CERTIFICAT NO V YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of F this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id by Not While While at work at work 19 1953 to APRIL 21. I certify that (I) (this hospital) attended the deceased from L DIRECTOR: 1966, and that death occurred at 3:33 M, from the causes and on the date stated above. saw the deceased alive on A DATE SIGNED 22a. / SIGNATURE page . MED STAFF DIRECTOR PHYS. PHYS. M.O. TO FUNERAL I director, pag should be fil HOSPITAL ADDRESS PHYSICIAN'S 22d. 22c. NAME (Type) ANGLE Del Ray Ave. Bethesda. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington, D. C. Congressional Cem. 4-30-66 Buria. 25b. REGISTRAR'S SIGNATURE AODRESS 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR Bethesda, Maryland VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05673 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH and campletely filled in by the funeral remove carbon papers. Pages 1 and a county montgomery b. COUNTY mont nin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write-RURAL and give nagrest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dot hesda IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Ewing Drive YES NO K NAME OF Middle 4. DATE Doy Year Lost DECEASED OF DEATH April 10. 1966 (Type or print) / Tebecca event 11mberlake B. DATE OF BIRTH Jost birthdoy) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED physician and camp Hours 726 24 WIDOWED burial, crematian, or removal, and in any 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAMI 13 FATHER'S NAME Georgia U Dinson 17. INFORMANT 16. SOCIAL SECURITY NO. burial-transit permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) Unknown 720 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH bremis signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Cardio Viseular. Disease 4ears Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying couse this certificate has been detached far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. c 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) 19 ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 1960_ to. date 19 that (1) (we) last directar, page 3 should shauld be filed with the 1966, and that death accurred at 6 140 M, from causes and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 7936 Old Georgetown Rd. 22c. PHYSICIAN'S JOHN G. NAME (Type) BALL Bethesda, Maryland 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Burial Specify) Williamsburg, Virginia 4-10-66 Cedar Grove Cemetery 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT PUMPHREY Bethesda, Maryland

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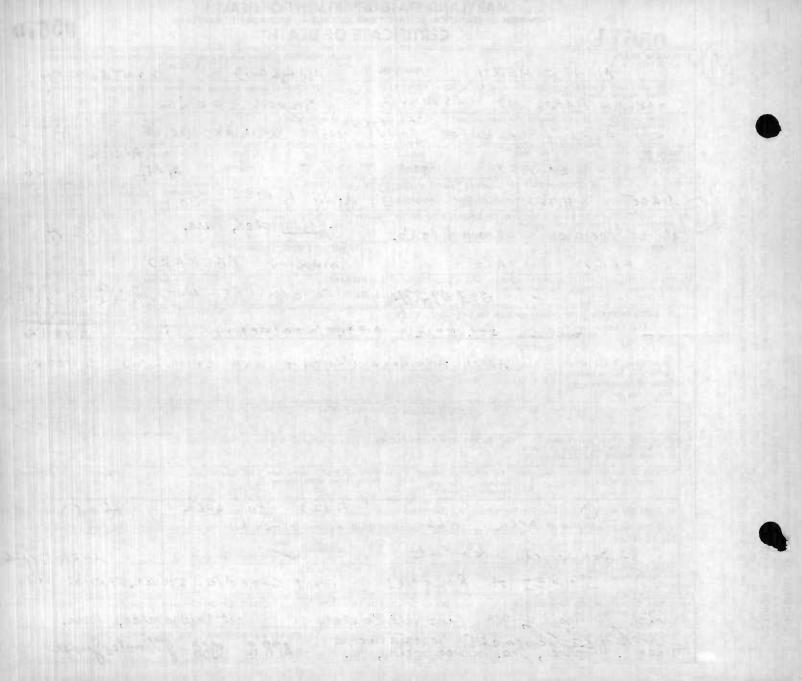
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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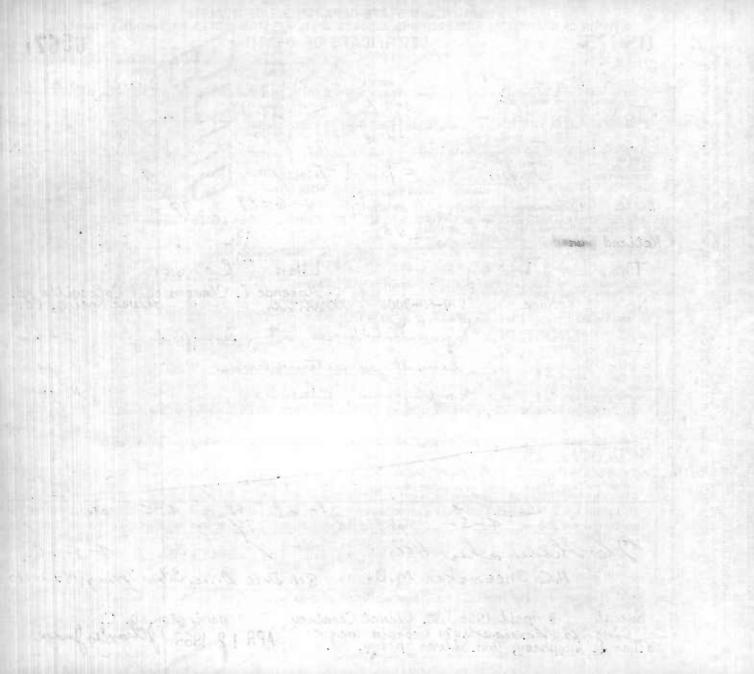
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1	PLACE OF DEATH o. COUNTY MOA	UT GO MERY	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYL	h.	COUNTY	before admission)
-	b. CITY OR TOWN (If outside	de corporale limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			
	RURAL and give nearest to	ARK, MD.	15 MONTHS	SILVE	A SPRI	il G	15-1
1	d. NAME OF HOSPITAL (IF	nat in haspital, give street add	dress) OAKHA	d. STREET ADDRESS			e. IS RESIDENCE
L	OR INSTITUTION	ANY AVEN		10603 Du	INKIRK	DRIVE	ON A FARM? YES NO 2
3.	NAME OF DECEASED (Type or print)	First	Middle Frank	TISDALE	4. DATE OF DEATH	Month, APR	1 1966
S		OLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	lost b	oirthday) Months	YEAR IF UNDER 24 HRS. Days Haurs Min.
2		THITE WIDOWED		may 1	0	O yrs.	
1	during most of working life Retired Shoema	ve kind of work done 10b. Klt e, even if retired) ker Knap	nd of business or indi op Shoe Co.	JSTRY IV BIRTHPLACE (State	e ar fareign cauptry) pater, Mass	12. CITIZ	V.S.A
10	3. FATHER'S NAME			14. MOTHER'S MAIDEN		TEMPER L	
ļ	FRANK	& TISDACE		MARION	PACK	CARD	
		J. S. ARMED FORCES? 16. SO		NFORMANT		Address	14.04 DRIVE
,	No	O/	3-09-2794 N	IRS. IRENE MO	CABE 1	0603 DUN	I KIRK DRIVE
	PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (a) OUT TO		RTERIO SEL	FROSES		INTERVAL BETWEEN ONSET AND DEATH 5 4 FARS
	Conditions, if ony, which gave rise to immed cause (a), stating the <u>unlying cause lost.</u>	iote Dus To	DC ARCINOMA	PROSTATE	with be	TENSION	5 YEARS
CATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CEDTICI	20a. ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	BE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of ite	em 18.)	
MEDICAL	20c. TIME OF INJURY Mo Hour o. m. p. m.	While	URY OCCURRED 20e. P Not while of work	LACE OF INJURY (Hame, fara actary, street, affice bldg., etc	m, 20f. (City or tawn	o) (C	aunty) (Stote)
		(this haspital) attended					6, tha (1) (we) last date stated above.
	22a. SIGNATURE	7	Pobouts	ATTENDING	AED. STAF	F	22b. DATE SIGNED
	22c. PH/SJETAN'S NAME (Type)	AMES A.	ROBERTS	22d. ADDRESS 8907 G	EO. AVE.	SILVER SI	RING, MD.
2	3a. BURIAL, CREMATION, 23		23c. NAME OF CEMETERY		1	ty, tawn, ar county)	(Stote)
L		April 4, 1966	Pine Hill (dgewater,	
ь	4. FUNERAL DIRECTOR'S SIGN	2 Komus 24	134 Degeorgia A	venue AP	-	25b. REGISTRAR'S SIG	
	Warner (. Pam	ohrey. Inc. Di	lver Spring.	Md. DAME	R 6 1966	1	1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115000 CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a, COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ontoomer MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS LHOSD ON A FARM? NO X YES withi 3. NAME DF Middle Last DATE Month Day Year DECEASED DF (Type or print) DEATH 1966 executed 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ysician please r , and in 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retired Guard FATHER'S NAME MOTHER'S MAIDEN NAME remova homas onner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Lorence Lemens (0 579-60-3008 cremation, None wer 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Cenditions, If any, which (b) rise to immediate r the DUE TO cause (a), stating the 10 underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO NO PHYSICIAN: 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) t. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work p.m. 4-5-, 1966, that (1) (we) jast 21. I certify that (I) (this hespital) attended the deceased from. 1965 to DIRECTOR: age 3 should led with the _19 66, and that death occurred at 700 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE FUNERAL Din-ATTENDING DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p Shoemaker. Drive Dilvan BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) PR 1 2 1966 24. FUNERAL DIRECTOR Georgia Avenue VR A15 (4) Inc. Silver Spring. 20M 1/65



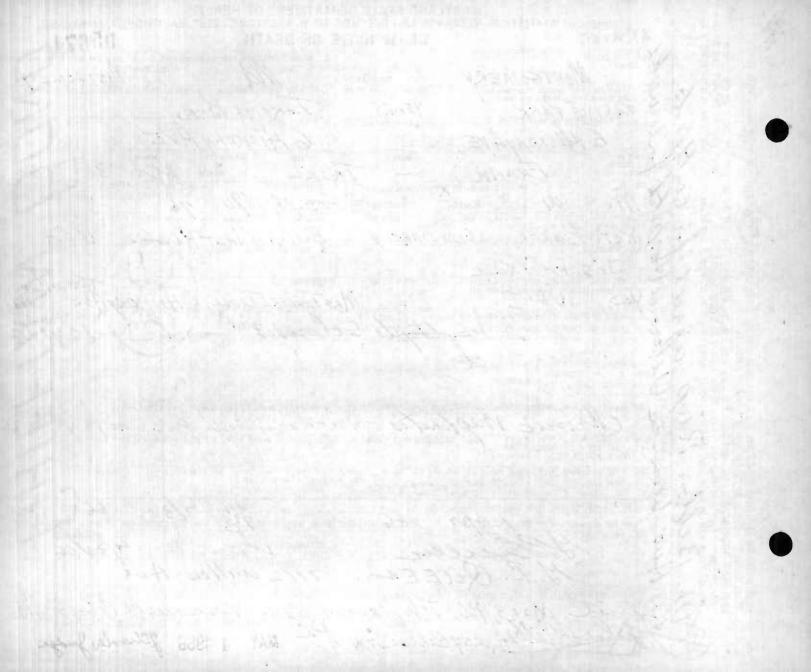
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05676 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY a. COUNTY a. STATE event, within 72 haurs after CITY OR TOWN (If obtside corporate limits write RURAL and give peorest town) CENGTH OF STAY IN Jb c. CITY ORATOWN (I outside carparote limits, write RURAL and give neorest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .⊆ papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled i YES □ NO □ campletely fi save carban 3. NAME OF First Middle 4. DATE DECEASED L. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years (gst)birthdoy) Manths Dovs Haurs WIDOWED DIVORCED physician and 10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired) KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) ease ond Sullerenterile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, attending phy WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of seprice) crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) à DUE TO signed burial, Canditions, if ony, which gave rise to immediate couse (o). DUE TO stating the underlying cause the haspital ar attending Health prior to this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o' YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, affice bldg., etc.) While Nat While OR ATTENDING ot work ot work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (1) (this hospital) attended the deceased fram. 19 66, and that death occurred at M, fram causes and an the date stated above. sow the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S hão NAME (Type) BISTHELD WISC 23d ROCKVIIIe, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ROCKVILLE CEME 23a. BURIAL, CREMATION (State) Cemetery 2/2/66 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 VR A15 (4) Maryland Rockville.

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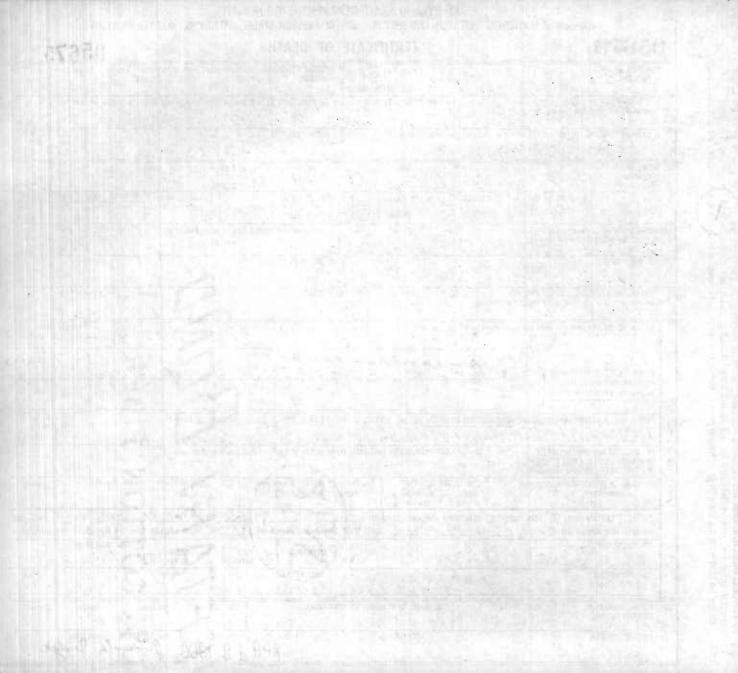
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Mass where dec a. CDUNTY b. COUNTY Montgomery after Montgomery Norfolk MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours write RURAL and give nearest town) hours 2 days Mt/Alry Braintre Olney E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE kerson DN A FARM? Olney Maryland --Montgomery General Hospital NO A within completely carbon 3. NAME DE DATE DECEASED Christine remove carb Florence Traverse DF 06 (Type or print) DEATH 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | White Female Days Hours and 2/29/88 WIDOWED X DIVORCED [12. CITIZEN OF WHAT COUNTRY? USA-Nat. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY Nova Scotia Housewife death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Ther Chislette (unknown) remo John Chislett Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) 011-22-6658 Family and Hospital Records, Olney, Md. cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit burial, cramat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, If any, which gave rise to Immediate the DUE TO (a), stating the prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate CERTIFICAT Diabetes mellitus, ASCVD with congestino heart pilure NO D YES [10 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) JO. 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 5:10M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED OR be MED. DIRECTOR M.D. FUNERAL Da director, p should be f ADDRESS Frederick Moomau NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town on county) (State) REMOVAL (Specify) Burial Cambridge April Cambridge 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I ADDRESS 1966 Olin L. Molesworth, Damascus, Md. VR A15 (4) 20M 1/65

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CAX	ADORESS DC 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
20M 1/65	1 Company 234 CARROLL STNU 10MAY 4 1966 Jacober Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05679 CERTIFICATE OF DEATH and 2 death, funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY after the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate li write RORAL and wive negrest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi e. IS RESIDENCE .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? filled YES etely fi NAME OF wit Middle DATE DECEASED (Type ar print) DEATH SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS remove pirthdoy) Manths Dovs Hours an/ WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most working life, even if refired) -INDUSTRY ease COUNTRY and physician collectur mozila 13. PATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates af service crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed burial, Canditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar to last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? Palmonary em this certificate far 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18. OR CONTRIBUTING TO CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) foctory, street, affice bldg., etc.) Hour a.m. White Nat While of work ot work 21. I certify that (1) (this hospital) attended the deceased from_ 1960, to ADNI 1966, that (I) (we) lost be retained director, page 3 shauld should be filed with the 1966, and that death occurred at 1330 M, from couses and on the date stated above. O FUNERAL DIRECTOR: sow the deceosed olive on_ 22b. DATE SIGNED 22o. SIGNATURE, ATTENDING M.D. Page 4 may b 22c. PHYSICIAN'S 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) DATE THEREO! (County) (Stote) REMOVAL (Specify) INGTON URIAL 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 GAWLERS JONS, INC WASH. 7. C. 20016



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05680HEALTH DEPA I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission. 2, and 3 ta PM3. Page MARVIAND delay CITY OR TOWN (If outside corporate times c. LENGTH OF STAY IN 16 men c. CITY OR TOWN AIF write RURAL and give recorest town de after Departr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress). d. STREET ADDRESS e. IS RESIDENCE farm naurs ON A FARM? ote haurs after death. Office alang with NAME OF Middle First Lost 4. DATE Yeor DECEASED 0F nin DEATH 9. AGE (In veors IF LINDER YEAR IF LINDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED irthdoy) Months Item 18. Dovs Hours WIDOWED DIVORCED event and 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY any pending" in pencil in of Medical Examiner's 13. EATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAMI .⊑ and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANI SOCIAL SECURITY NO. Address (Yes ao, a) unknown) (If yes give wor or dates of service) removal, 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH or IMMEDIATE CAUSE (o) ward certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (o). farwarded ta DUE TO stoting the underlying couse lost. burial, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ! the certificate, pe ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, priar shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) DIRECTOR: Page 19 please execute ot work ot work designated 21. I certify that I taak charge of the remains described above, held on Autopsy [Inspection D far Inquiry X and in my apinian death resulted from: Natural causes funeral directar. Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL O DEPUTY pe necessary, P **EXAMINER'S** moy Health NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 4-20ounglon 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR FUNERAL HOME IVES VR A15ME (5) lingson 6M 1/66

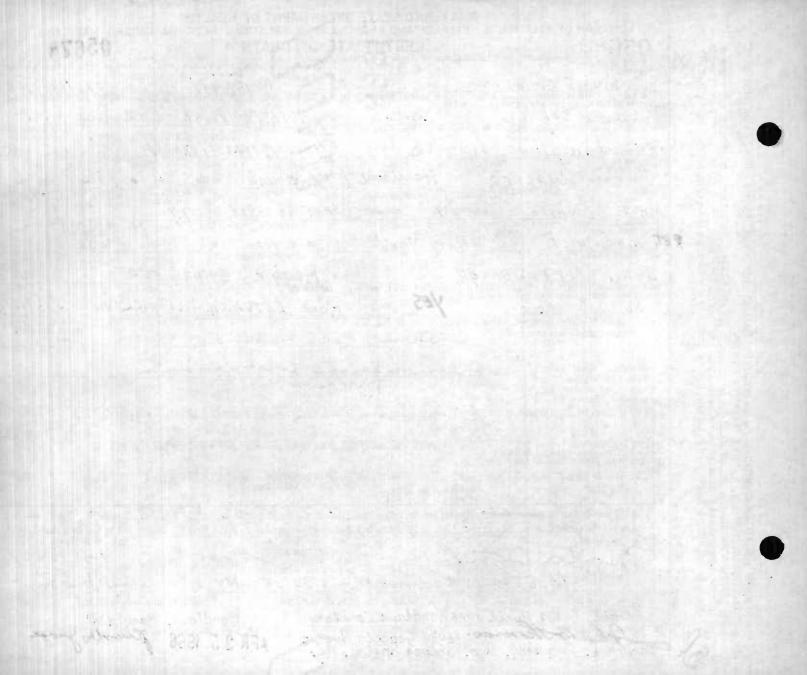
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05681death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Montgomery hours after Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 21228 152 days filled in Bethesda Baltimore d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 5918 Robindale Road The Clinical Center, Bethesda, Maryland NO SOC YES completely executed within DATE Month Middle DECEASED April 16 19 66 Upp Josephine (Type or print) Geneva DEATH 6. CDLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE DF BIRTH last birthday) Months | Days Hours | Min. any 29 April 1912 Female. White WIDOWED DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? USA Unknewn Ohio Receptionist, ed by the attending phys-transit permit. Then pre-, cremation, or removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Ann Schneider Frank Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTThe Medical Record 16. SDCIAL SECURITY ND. death (Yes, no, or unkown) | (If yes give war or dates of service) 212-26-6075 The Clinical Center, Bethesda, Md. 20014 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by urial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gram negative septicemia. Pseudomonas the hospital or attending physician. 5 Days Jins s been s the burian c burian c DUE TO Acute Myelogenous Leukemia 21 Months Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the Chronic pyelonephritis Years underlying cause last. certificate has as CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES X NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [r this certi of DR CONTRIBUTING CAUSE DF DEATH MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 16, 1966, that A (we) last Page 4 may be reconstructed by Proceedings Advanced by Puncked Break and Advanced by Page 3 should be a feel with the 21. I certify that 10 (this hospital) attended the deceased from Nov. 15 1965 to April saw the deceased alive on April 16, 19 66, and that death occurred at 11:25, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 17 April 1966 M.D. 22d. ADDRESS The Clinical Center, National PHYSICIAN'S director, p NAME (Type) Berton Zbar, M. D. Institutes of Health, Bethesda, Maryland LDCATION (City, town or county) BURIAL, CREMATION, 23b. REMDVAL (Specify) 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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he he sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerel of Magazine	INTERVAL BETWEEN ONSET AND DEATH
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES ND SC
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NG PHYS by the h ifter this be detac State Dep	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work a	(County) (State)
ATTENDING retained by CCTOR: After S should be with the State	21. I certify that (I) (this hospital) attended the deceased from 12/1, 1961, to 4/3	(1) (we) last and on the date stated above.
ed ed ed	22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF PHYS.	22b. DATE SIGNED 4-30-66
IAL Page of file	22c. PHYSICIAN'S 22d. ADDRESS	Rockville, Md.
D HOSPIT Page 4 1 FUNER director, should b	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	
5 5 5	CREMATION APILL 30, 60 Cedar Hill Sultiand.	Mary Land REGISTRAR'S SIGNATURE
VR A15 (4)		Charles Judge

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hin 24 cli ln 1 r's Of	removal, a		(Ye	WAS DECEASED EVER s, no, or unkown) (If Yes	Yes give war or dates of	service)		informant cs. Ann		l Van S	Slyke, 6			
be executed within 24 hor pending" in pencil in Item Aedical Examiner's Office	or rem				TH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (ne for (a), (b), and (c).] oronary insuf:	ficienc	y acut	te			19 SEMAY	BETWEEN DEATH
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tage ,	a sent, i		MEDICAL	Hour a.m.	JRY Month, Day, Yo		IJURY OCCURRED 20e. PL	ACE OF INJUR ory, street, of	tY (Home, fai fice bldg., et	rm, 20f. (Olty or town)	(Count	.y)	(State)
d bi	rage		2				ains described above, he	eld an Autop	sy XX	Inspection	XX, Inqu	ilry XX,	and in m	y opinion
shou files	designated			death resulted	from: Natural o	causes 🔼	, Accident [], St	icide,	Homicia		Undetermined	manner [
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2000	0 0	1		SIGNATURE	form?),	4	IVI.D.		AL EXAMINER	4		4-2	22-66
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	of H		23a	REMOVAL (Specification)	ON, 23b. DATE TH	EREOF 66	Arlington Na			-	ington.			(State)
			24.		R. A. Pum	phrey 1	FunevalisHome			D BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNATURE	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shod PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If Institution: Residence bafore admission) e. COUNTY Montgomery b. COUNTY the T death. MARYLAND Maryland by th Montgomery b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) 5 after Takoma Park within filled Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) papers. Pagin 72 hours e. IS RESIDENCE ON A FARM? Philadelphia completely Avenue Philadelphia YES NO 3. NAME OF 4. DATE Month DECEASED OF = (Type or print) Paul August Viereck DEATH and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AQL (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours certificate male WIDOWED DIVORCED physician ANT BY 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan it retirad) Steam-fitter - U. S. Government U. S. A. Germany please .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John Viereck Antonia Rudolph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of servica) Mrs. Elfie Wereck-same as above permit. ۵ 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), INTERVAL BETWEEN 5 ONSET AND DEATH signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) days cremation, burial-transit affending certificate has been Conditions, if eny, which gave risa to immadiate ceuse DUE TO (a), stating the undarlying the the hospital or cause last. (c) as o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? nse prior NO for 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of itam 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) jo Not While factory, street, office bldg., etc.) Whila Hour a.m. DIRECTOR at work at work 19 D. m. Pe 21. I certify that (I) (this hospital) attended the deceased from Manda 19.5.7 to pluods hand 1966, and that death occurred at 7.22M, from the causes and on the date stated above. saw the deceased alive on. тау page 3 with the 22a STONATURE DATE SIGNED HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) る音品 REMOVAL (Spacify) cremat: Crematory Prince Georges 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Hines Washington. Co. VR A15 (4) # 20M 5-63

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L and L	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND						2. USUAL R o. STATE	ESIDENCE (When		d lived, if institut b. COU	nion: Residen	ce before	odmission) ery
by the funeral Pages 1 and Pag	b. CITY wri	te RURAL on	If outside corporote limid give nearest town)	ts,		GTH OF STAY IN 16	c. CITY OR 1	TOWN (If outside Germa		limits, write RU	RAL ond giv	e nearest	town)
ely filled in by the bon papers. Pages within 72 haurs aff		ne of Hospit	at or institution (if nery General	ot in hospitol, q 1 Hospi	give stre	et oddress)	d. STREET A	DDRESS Box	234	Rout	e l		IS RESIDENCE ON A FARM? ES NO
letely fi			Hen	-		Middle Ferdinan		ckel	DATE OF DEATH	Mon April	21,	Doy	Year 19 66
and complet		Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	E	DIVORCED	8. DATE OF BI	1887		AGE (In yeors last birthdoy) 79 yrs.	Months Months	Doys	Hours Min
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that the on the ansit p rematic	18.	PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) A	(o), (b),	, ond (c).) evec scl	evot	ic f	ted	ur Di	sed		RVAL BETWEEN ET AND DEATH
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, etained by the hospital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove tackon papers. Pages 1 and 2 vith the State Dept. af Health prior to burial, crematian, ar removal, and in any exect within 72 haurs afterdeath.	rise	o immedio	, which gove) te couse (o).	(b) E	inp	hysem	a (-	Seve	Le)		Le 12	dus
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IAN: The law retal or a strangly a strangly ficate has been strangly far use as the the fealth prior table.	CATION		S UNDERLYING			HOW INJURY OCCURRED.							WAS AUTOPSY PERFORMED? S NO
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R ATTENDING PHYSIC retained by the haspii RECTOR: After this certi 3 shauld be detached with the State Dept. of			eceased alive an_	4-21	o idea in	1966, and tha	t death acc	curred at_9	A.M.	fram causes	and on t	he date	stated aba
AL OR A be re compared by the result of the		PHYSICIAN'S	ek si	hen	···	acher M.	22d. AC	DDRESS DIR	ECTOR L			21-66)
Page 4 may be retained by the haspital or at O FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health	23o. BUR	"NAME (Type	ON. 23b. DATE TH			NAME OF CEMETERY OR		Gaither	23d. LOC	g, Mary	own)	(County)	(Stote)
F F		OVAL (Specify La I	OR .			Mt Olivet ADDRESS	Cemet	2So. REC'D BY	REGISTRA	1 00	EGISTRAR'S	SIGNATUR	E
VR A15 (4) 20 M 1/66	P.	Gasc	h's Sons	nyati	LSV1	lle, Md.		DAPK 2	5 19	166 10	harle	o Jac	de

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Opin L. Molesworth, Damascus, Md.

VR A15 (4) 20M 1/65

(Gounty)

22b. DATE SIGNED

e. IS RESIDENCE ON A FARM?

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WAS AUTOPSY

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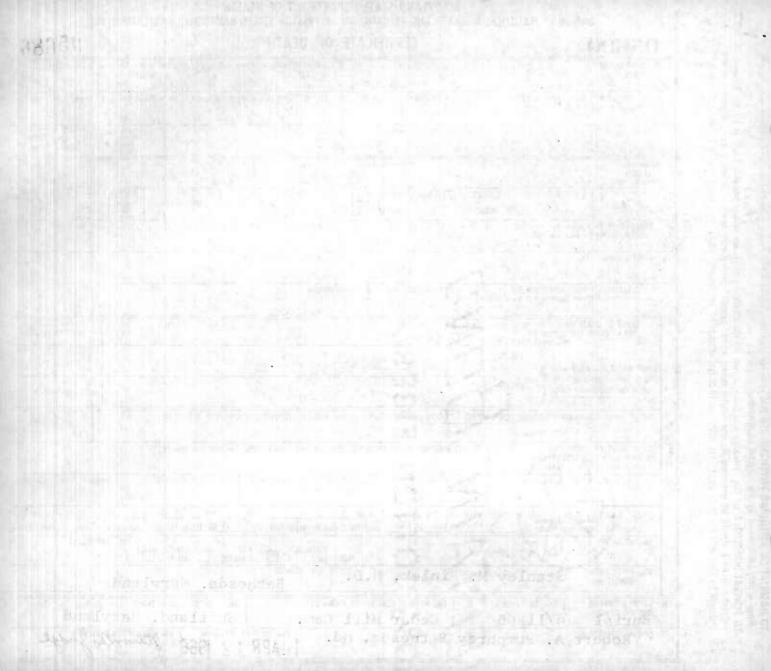
1 /	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
FOR STATE	05688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05684.	
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: R a. STATE b. COUNTY	esidence before admission)	
ssary, neral ny be ment leath.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
is necessary, or the funeral e 5 may be. Department after death.	Write RURAL and give nearest town) Kensington 7 months Washington	17-3	
ob after 30	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
age age	Kensington Gardens Sanitarium 2204 40th. St., N. W.	YES NO 1	
any delay 2, and 3 PM3. Pa	3. NAME DF First Middle Last 4. DATE Month OF OF	Oay Year	
Pr. Pr.	(Type or print) Margaret Wadsworth DEATH April	15 19 66 1 YEAR IF UNDER 24 HRS.	
th. If a form P form P within	On the William William William Work Markies Work 26 1888 77 Months	Days Hours Min.	
er death	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT	
Give Give S wi	Ret. Clerk (G.A.O. U.S. Gout. Montgomery, Alabama U.S.	OUNTRY? A.	
n 18. Gi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	40 42 5.220	
hour em J ce (William D. Wadsworth Mollie Cocke		
24 ho in Item Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 960 Brunette Ave.		
within pencil in miner's permit.	No None 578-54-6169 William D. Wadsworth Silver Spr	I INTERVAL BETWEEN	
d w n pe amir amir t pe t rei	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: A S P h y x i 3 -	ONSET AND DEATH	
cute Ex Ex ansi	9217 IMMEDIATE CAUSE (a) ASPITA		
exe ndin dica dica al-tr	conditions, if any, which \ (b) ASPITETION - of Food -	3M17.	
AL EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form tiles. Tiles. CIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	cause (a), stating the DUE TO ATTECTOR 3 electronia Controlized	years.	
sho worn Chi as as		19. WAS AUTOPSY PERFORMED?	
ficate shoul the word o the Chief used as a to burial, (THE STATE OF THE S	YES NO	
certification ded to prior t	20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18 CAUSE OF DEATH.	1.)	
This control with the control was the control of th	Choked on a Piece of biread	unty) (State)	
ER: This cate, wr forward 3 shoul agent,	factory, street, office bldg., etc.)	tont- Mel	
AL EXAMINER the certifice the certifice of should be triffees. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and In my opinion	
EXA the ce shoul files. OR:	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner		
DICAL ute though 4 s your f IRECTO	CHIEF MEDICAL EXAMINER	22. DATE SIGNED	
Y MEDICAL. Page 4 s i for your f AL DIRECTO	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER OPPUTY MEDICAL EXAMINER OPPUTY MEDICAL EXAMINER	ALL DAIL OFWILD	
RAL Exe	EXAMINER'S NAME (Type) Address (Street, city, town, or county)		
please execute the cidirector. Page 4 should retained for your files. O FUNERAL DIRECTOR:	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)	
Del de la company de la compan	Burial 19 April 1966 Oak Hill Cemetery Washington D. C.	ID GLOUETURE	
	24. FUNERAL PIRECTOR Beformag 8434 ADDRESS raia Avenue 25a. REC'O BY REGISTRAR 25B. REGISTRAR	'S SIGNATURE	
VR A15ME 3500 4-64	Warner E. Pumphrey, Inc. Silver Spring, Md. DATER 22 1966 Clearly	es Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15685 95689be executed within 24 haurs after death death by the funeral Pages I and and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Pent, within 72 hours after MARYLAND Montgomer c. CITY OR TOWN (If autside carporate limits, write RURAC and give nearest tawn) b. CITY OR TOWN (If autside carparate limit) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? and tompletely filled in retnave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Sanitarium 5701- Wall YES | NO X NAME OF Middle DATE Month Day Year DECEASED (Type or print) OF ELFILLAN APRIL 1966 DEATH S. SEX 9. AGE (In years IF UNDER 1 YFAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED burial-transit permit. Then please efflower burial, crematian, ar removal, and in any a last birthday) Months Haurs Days DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please South Dakota requires that the death certificate Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Rockville (Yes, na, ar unknawn) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EREBROVASCULAR DECIDENT signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO ARTER, OLCLEROSIS Conditions, if any, which gave (b) rise ta immediate cause (a). DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been af Health priar ta far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the State Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, affice blda., etc.) Haur a.m. Nat While 19 at work 21. I certify that (I) (this hospital) attended the deceased from. HUG A. M. from couses and on the date stated above. 1966, and that death occurred of saw the deceased olive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Burial Burial Creek Cemetery Washington, ADDRESS 30 Wis 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.5690exercised within 24 hours after deoth ond funerol 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY hours after MARYLAND b. CITY OR JOWN (If autside sorporote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write, RURAL and give nearest town) papers. .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled i NO 3. NAME OF carban Middle 4. DATE Lost Month etely Year DECEASED OF DEATH 1966 and in any event, (Type ar print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. remove lost birthdoy) Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, ar foreign country) PHYSICIAN: The law requires that the death certificate be during mast of working life, even if retired) **INDUSTRY** COUNTRY? ottending physician sermit. Then pleose Desotave Engraver 13/ FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, IS. WAS DECEASED EVER IN ILS ARMED FORCEST 16. SOCIAL SECURITY NO 17. INFORMANT (Yes,,na, or unknown) ((If yes give wor or dates of service) forald Wallace - truspert - ald same cremation, 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH Toxemia IMMEDIATE CAUSE (o) þ the hospital or ottending physician. signed t DUE TO buriol, 4 mouth Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause 40 de levenus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? this certificate hos for use State Dept. af Heolth Nove NO 🖂 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Nat While ot work O FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram 15 Feb , 1966, ta 9 Rpvil , 1966, that (1) (we) last saw the deceased alive an 8 Rpvil 1966, and that death occurred at 12.774 M, from causes and an the date stated obove. 226. DATE SIGNED 1966 22a_SIGNATURE Stanley M. Binler **ATTENDING** MED. DIRECTOR M.D. director, page should be filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Stanley M. Binlek, M.D. NAME (Type) Bethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify)
Burial Suitland, Maryland 4/11/66 Cedar Hill Cem. 24. FUNERAL DIRECTOR A. Pumphrey Bethesda. Md. 2So. REC'D BY REGISTRAR 25b. BEGISTRAR'S HIGHANTE VR A15 (4) 1966



1	(MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	LAND
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he la		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTAINING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
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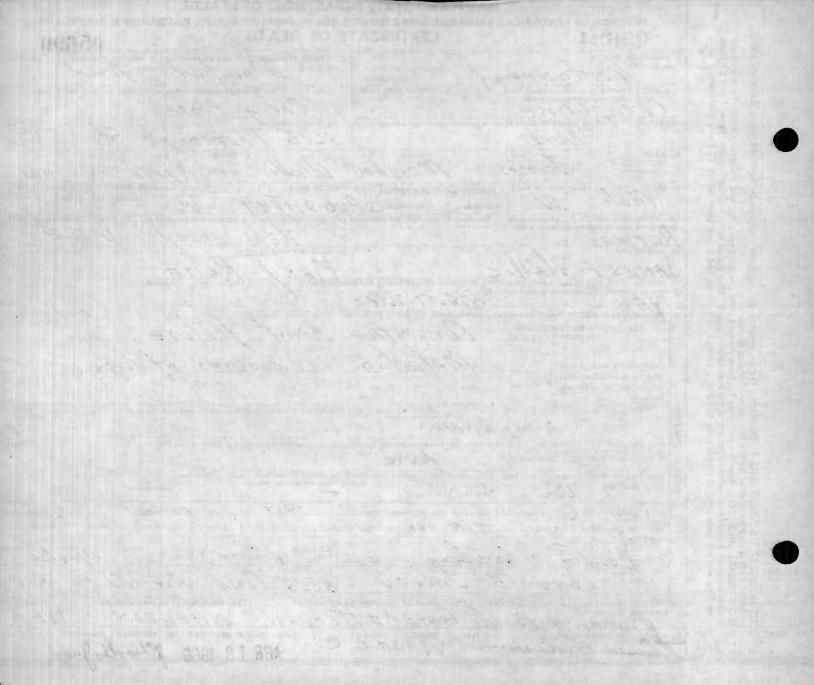
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05692 CERTIFICATE OF DEATH funeral and 2 and 2 24 hours after death PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY by the finance 1 by a second 1 by the finance 1 by the finance 1 by the first second 1 b Montgomery Maryland MARYLAND Montgomery CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) hours Silver Spring days Silver Spring = lease remove carbon papers. and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ACCRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital 2368 Glenmont Circle YES ND 32 within letely NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) Eva M. Wallauer DEATH 26 1966 April 6. CDLOR DR RACE 5. SEX 8. DATE DF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEO T NEVER MARRIED last birthday) Months | Days Hours 3/10/1900 Female White WIODWED DIVORCEO [66 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO DE BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) physician 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Own Home Housewite Pennsylvania death certificate ם removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph ermit. Then Jacob M. Houser Polly Zehner transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) enmont No Mr. Roy Wallaner None nary Land the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: Cardiac tamponade attending physician. IMMEDIATE CAUSE (a) signed been s.
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burial, c Dissecting OUF TO Witecting aortic aneurysm Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating prior Myocardial hypertrophy underlying cause last. (c) as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use te Dept. of Health for use Health PERFORMEO? the hospital or YES K ND [20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED (State) | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While retained by p.m. at work at work DIRECTOR: A 1966 to 26 23 April 19 66 that (1) (we) last 21. I certify that (I) (this-hospital) attended the deceased from Apri saw the deceased alive on 26 April and that death occurred at 9:10m. from the causes and on the date stated above. 19 66 22a. SIGNATURE OATE SIGNEO be page ATTENOING STAFF M.D. DIRECTOR PHYS. Page 4 may FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS 18th Street, N.W. TO FUNERAL director, p 1302 NAME (Type) Robert T. Kelley, M.D. Washington, D.C. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State) REMOYAL (Specify) Lincoln Cemetery Prince Burial FUNERAL DIRECTOR REC'O BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b. 1966 VR A15 (4) umphreu 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05693CERTIFICATE OF DEATH funeral 2 after death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland Montgomery Montgomery MARYLAND s. Pages hours aft b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Chevy Chase Chevy Chase 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled IS RESIDENCE ON A FARM? 10 Grafton Street 10 Grafton Street within NO X YES etely pon 3. NAME DE First Middle DATE Month Day DECEASED April 子966 event. Austin Cooper Waller (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED remove n any eve SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min Months Days Hours White Male 10-29-1884 WIDOWED [DIVORCED .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT ician lease and in during most of working life, even if retired) INDUSTRY COUNTRY? attending physic ermit. Then plea no. or removal, an Retired-Banker Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Robert Haigh Waller Mary Ellen Cooper ed by the attend-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) 3182 See Item No. Yes 578 07 Fannie May Waller: INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY 20 inni signed ! IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, DUE TO Conditions, If any, which rise to Immediate the or to DUE TD cause (a), stating Sev. mont underlying cause last. as NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTDPSY ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither than the second to the second than the second t PERFORMED? CERTIFICATI ND YES 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) INJURY OCCURRED. (Enter nature of injury in Part I or Part V of Item 18.) this certification of the Dept. of the MEDICAL 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) de Hour a.m. While Not While After retained by be at work at work 19 OIRECTOR: Alage 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from 196 19.06, that (1) (we) last and that death occurred at 8 4 M. from the causes and on the date stated above. saw the deceased alive on Char 22a. SIGNATURE 22b. SPITAL OR 1 page STAFF PHYS. DIRECTOR M.D. FUNERAL irector, pa PHYSICIAN'S 22d. ADDRESS NAME TYPE E H. 4890Battery Mitchel] Lane, Bethesda. directo BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Buria Silver Spring .966 Gate of Heaven Cem REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Joseph Gawler's S VR ALS (4) 20M 1/65

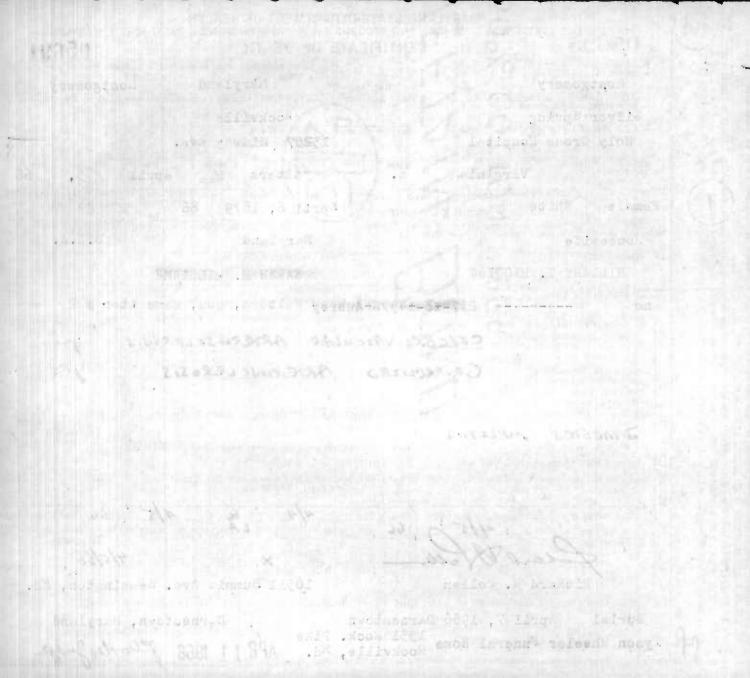
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RESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (it outside corporete limits, P c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give-pagest town) filled in 1 Pages 1 urs after Chase papers. Pag n 72 hours a d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely YES NO 3. NAME OF First Middle 4. DATE Month Dey Yeer Last DECEASED OF event, within (Type or print) DEATH 1966 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years pure DATE OF BIRTH 9. IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Min. ple WIDOWED DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any 13. FATHER'S NAME É 9569 2. 14. MOTHER'S MAIDEN NAME attending and 亩 MES Then or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. physician. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE (e) the hospital or attending DUE TO Conditions, if eny, which geve rise to immediate cause burial DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY detached for use as CERTIFICATION PERFORMED? prior NO D 20e. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be refained by MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 20t. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour e.m. While Not While Dept. et work p.m. 10 Present 19, that ((1)) (we) last State saw the deceased alive on. may 22b, DATE ATTENDING SIGNED HOSPITAL page with th FUNERAL DIRECTOR PHYS. PHYS. Page M.D. 22c 22d. ADDRESS YSICIAN'S director, post be filed v NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, (Stete) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAD (Specify) 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR VR A15 (4) 20M S-63



DIVISION_OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05635 CERTIFICATE OF DEATH funeral and 2 and 2 death, after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. county Montgomery a. STATE after Maryland Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours hours Silver Spring Rockville .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE Holy Cross Hospital ON A FARM 3 Midway Ave. 13207 NO X letely rbon p certificate be executed within 3. NAME DE Middle Last DATE Month Day Year DECEASED Virginia DF alters April and complete car 200 (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIEO 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO dast birthday) Months Female White April 6, 1879 Hours WIDOWED 1 OIVORCEO [nding physician. Then please for removal, and in 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INOUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending primit. Then HILLARY T. HIGGINS SARAH M. WILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | transit permit. 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death 217-18-1457B-Aubrey Walters, son, same item # 2 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCYLAR ARMERIOSCLEROSIS n signed the burial-transfer burial, cre OUE TO ARKERIOSCLELOSIS Conditions, If any, which been gave rise to Immediate the to OUE TO cause (a), stating the has be as the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? certificate CERTIFICAT YES NO X DIAGENES MELLTUS 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) of ached OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour am. While Not While Stati ATTENDING at work at work retained the 19 66 , to. 21. I certify that (i) (this hospital) attended the deceased from 1966 that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 6 A M, from the causes and on the date stated above. 1966 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED OR ATTENDING PHYS. DIRECTOR PHYS. M.D. may Da TO HOSPITAL FUNERAL PHYSIO AN'S director, p 22c. 22d. ADDRESS NAME (TRichard H. Pollen Summit Ave. Kensington, Md. Page 4 BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 0 April 7, 1966 Darnestown Darnestown, Maryland Pike REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Rock. Wheeler Funeral Home Md. Rockville. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



1	13		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
th.	سيد ميد ميد		05696 CERTIFICATE OF DEATH 05692	
after death,	the funer		1. PLACE OF DEATH a. COUNTY D. CITY OR TOWN (if outside corporate limits, c. LENGTH/OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a. STATE b. COUNTY D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest	~
24 hours after	lled in by pers. Pag 72 hours	0	b. CITY OR TOWN (if out) ide corporate limits, write RURAL and give nearest town) c. LENGTHOF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS	ENC
	pletely fi arbon pa at, within	8	3. NAME OF DECEASED (Type or print) Taylor T. Wampler DEATH H- 18-19 6	0 2
executed	remove n any eve)	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lefunder 1 year list blythday) Months Days Hours 1 yrs. 1Da, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	4 HF Min
icate be	nysiciar please I, and		Tarmer (retired) Agriculture Virginia (COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COUNTRY? 14. MOTHER'S MAIDEN NAME	A
death certificate be executed within	attending pl rmit. Then 1, or remova		Simon Wampler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None None Martha Jones 192Address 192Ad	d.
that the de ician.	ed by the a transit peri, cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction INTERVAL BETWONSET AND DE	/EEN
requires th	been signe the burial- r to burial,		Conditions, if any, which gave rise to Immediate cause (a), stating the	
PHYSICIAN: The law re the hospital or attendi	ficate has for use as Health prio	7	underlying cause last.) (c) Peritonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED?
	is certif tached for bept. of h			(44)
IDING PH ed by th	After the ld be de		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State of the county) 20f. (City or town) 20f. (City	
OR ATTEN be retain	DIRECTOR: ge 3 shou led with th		saw the deceased alive on 19 6 and that death occurred at 5 PM, from the causes and on the date stated a 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF	
Page 4 may	eral or, pa		22c. PHYSICIAN'S Jason bei per 22d. ADDRESS 800 Perships Drive	201
TO Pa	dir sho		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Statement of County) 24. FUNERAL DIRECTORS 24. FUNERAL DIRECTORS 843. ADDRESS 8	e)
VR A	15 (4)	/	Harner E. Pumphrey, Inc. Silver Spring, Md. DAPR 21 1966 Charles Judges	

Acute Lyocardial infarction

Thought and Arthur Thousand

Perforated jastrie ulcer

Peritonitis

1	M	It	em 21 F	ilm G376 5	5/20/6MAR	ALAND STATE DE AND RECORDS, 30	PARTMENT OF 1 W. PRESTON S	HEALTH TREET, BALTIMORE, MAR	RYLAND 212	201
FOR ST		- 34	05697	7	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		115693
	DEPT.		COUNTY M	ontgomery	у	MARYLAND	2. USUAL RESIDENCE O. STATE Mar	CE (Where deceosed lived, if inst b. C yland	itution: Residence OUNTY Mont	tgomery
delay is 2, ond 3 to PM3. Page	State Department of 2 hours after death.	K	CITY OR TOWN (If write RURAL ond ensingt	autside carparate limits give nearest town) ON	s, c. LEN	month	c. CITY OR TOWN (I	f autside corporote limits, write Chase, Md.	RURAL ond give	neorest town)
¥ E	ours at			Nursing		eet address)	d. STREET ADDRESS 25 W.			e. IS RESIDENCE ON A FARM? YES NO
after death. If a 8. Give Pages 1, olang with farm	the Sta in 72 h	D	AME OF ECEASED ype or print)	Louis	se	Middle M •	Lost Ware		Nonth	Doy Year 5, 19 66
	Mil Will		male	6. COLOR OR RACE White	WIDOWED X	DIVORCED _	8. DATE OF BIRTH July 17,1) Months	Doys Hours Min.
24 haurs in Item I	ges Jand any even	durin	g most of working lit HOUSEWI	Give kind of work done e, even if retired) fe	10b. KIND OF INDUSTRY		Montrea	tote or foreign country)	12. CIT	TIZEN OF WHAT UNTRY?
within 24 n pencil in Examiner's	File pages and in any	Tri	chard E.	Trotman				et Connor		
		Yes Yes	was deceased ever no, or unknown) (I 10	IN U.S. ARMED FORCES? If yes give wor or dotes o	of service) 16. SOCIAL in none		informant James ໄໝ້.ກ	satt, 25 W.Ir	ddress ving St.	. Chevy Chase
"pe	a burial-transit permit. crematian, ar remavol,				(o) Uremia					1 NTERVAL BETWEEN 2 ONSET AND DEATH WEEKS
s certificate should e, writing the ward forwarded to the C	a burial- remation		Conditions, if ony, vise to immediate stating the underly	couse (o),	(b) Diabe	tes-Melit	us			Years
certificate writing th	used as o burial, cr		ast.)		alized Ar		lerosis CONDITION GIVEN IN PART 1(a)	1	Years 19. WAS AUTOPSY PERFORMED?
0	be 0	ATIO	Fra	cture les	ft hip			in Port I or Port II of item 18.		PERFORMED? YES NO
Name .	3 shauld	CAL CERTI	200. EXTERNAL CAUSE PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING Y Month, Doy, Yeor		at home c		racture of 1	left h	ip.
XAM tre th ge 4	Page 3	MEDICAL	Hour o.m. p.m.	2/14/ 19 (66 of wark	of While of work of	ory, street, office bldg., HOME	Chevy Ch	ase Mo	(, (, , , , , , , , , , , , , , , , , ,
xe Xe	IRECTOR: Page 3 should designated agent, prior						ide 🔲, Homic	ide , Undetermined		
CESSORY, please e funeral director	RAL D		ACTUAL SIGNATURE EXAMINER'S	John .	5. Bal	21	M.D. ASSISTANT	MEDICAL EXAMINER D		22. DATE SIGNED
necessory, the funera	Health	230	NAME (Type) JO BURIAL, CREMATION REMOVAL (Specify)	226 DATE FUE	REOF 23c.	Mont. Co	unty Address (S	treet, city, town, or county) 23d. JOCATION (City or	Town)	4/5/66 (County) (Stote)
	A15ME (5)	24.	FUNERAL DIRECTOR	5.	166 9	ADDRESS Win		REC'D BY REGISTRAR 25h	ntor REGISTRAR'S SI Clark	IGN URE LINES
	M 1/66	C	trong Co	rose pom	Home "	nashuno	Zan John	R 1 2 1966 8	- Terrog	- Lank

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH b. COUNTY e. COUNTY after Maryland oon papers. Pages 1 within 72 hours after Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Montgomerv MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b hours Lavtonsville .= Kensington e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? 20904 Brooke Knolls Rd. Carroll Manor Nursing Home NO X etely DATE OF DEATH Day pou. Month 3. NAME OF Middle DECEASED 19 66 VILLIAN E. WARFIELD 26 (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS executed DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthday) Months White Days Hours Male 15 April 1889 WIDOWED TY DIVORCED (12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? during most of working life, even if retired) INDUSTRY and USA Building Marvland Carpenter certificate 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Sarah King Bradley Warfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death 10 (Yes, no. or unkown) (If yes give war or dates of service) Wilson E. Warfield Item cremation, 577-10-9561 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by th PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DISGASG IMMEDIATE CAUSE (a) the nospirar of this been signed this certificate has been signed detached for use as the burial. DUE TO HYPERTENSION Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the ERIOSCLEROSIS ENERA underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO Je YES HEMORRHAGE & REAT HEMIA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Page 4 may be retained.

TO FUNERAL DIRECTOR: After this director, page 3 should be det director, page 3 should be det factory, street, office bldg., etc.) Hour e.m. Not While et work et work 10, 1965, to APRIL 26, 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from APRIL 19 66, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on APRIL 26 DATE SIGNED 22b. 22a. SIGNATURE PHYS. M.D. DIRECTOR NORWA 22d. ADDRESS 520 PHYSICIAN'S Henry NAME (Type) Lowden CHEUL CHASE (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rockville 4/29/66 Parklawn Burial 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25a. yson Wheeler Funeral HomeRockville, Md. DATMA VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05699 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland a. COUNTY Montgomery Mont GONER MARYLAND c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b Bethesda (rural) days Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled U. S. Naval Hospital, Bethesda, Md. NO I Route carban 3 NAME OF Middle Doy Year DECEASED Crawford WEBB April 19 66 John 10 (Type or print) DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Dovs July 31, 1898 Male Cauc. WIDOWED DIVORCED one and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, ar fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Michigan City. Indiana 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elsworth R. Webb Anna Shaw IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address burg, Maryland 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, pa, or unknown) (If yes give war or dates af service) 10 NONE Mrs. Helen Webb, Route 1. Box 392. Gaithers crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cancer of the pancreas with metastases IMMEDIATE CAUSE (o) DHE TO Canditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (t) (this hospital) attended the deceased fram April 5, 1966, to April 10, 1966, that (t) (we) las saw the deceased alive an April 10 1966, and that death accurred at 9544 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 11 April 1966 avrs directar, page 3 should be filed v M.D. PHYS. ^{22d} ADDRESS Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S J. E. DAVIS, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (State) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ome, 8434 Georgia Ave. Silver Spring

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	API A L. S. Stanovick of the		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Howard c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e carbon papers. Pag vent, within 72 hours write RURAL and give nearest town) Clarksville Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T Montgomery Co. General Hospital Trotter Road within letely 3. NAME DE Middle Last DATE Month Year **OECEASED** (Type or print) DEATH WEIGLE death certificate be executed 5. SEX 6. GOLOR OR RAGE 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIOOWED DIVORGED [Feb. 7.1891 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLAGE (County & State, or foreign country) 12. GITIZEN OF WHAT during most of working life, even If retired) INDUSTRY GOUNTRY? Retired Dairy Business Washington . D. C. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Rose Timmerman Jacob Albert Weigle 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Betty Kreuzburg Pikesville . Md 577-03-6705 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS GAUSED BY: Cachexia and profound anemia month been signed the burial-transor to burial, cre IMMEDIATE GAUSE (a) Prickle cell carcinoma of lip with metastases to liver, spleen, pancreas) -Genditions, If any, which 18 months gave rise to immediate and bone marrow DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? coronary sclerosis c chronic myocardial failure YES X NO 20b. DESGRIBE HOW INJURY OGCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACGIDENT WAS UNDERLYING I tached f OR GONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLAGE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work 1863, to_ o 4-5- 19 66, that (1) (vgc) last 3-30-21. I certify that (I) this respire attended the deceased from. 19.66, and that death occurred at 5 A M, from the causes and on the date stated above. saw the deceased alive on_ 4-4-22a. SIGNATURE 22b. DATE SIGNEO ATTENDING 4-5-66 DIRECTOR FUNERAL 22d. ADDRESS NAMCHarles S. Whitaker, M.D. Clarksville, Maryland 23d. LOGATION (City, town or county) BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR GREMATORY (State) 2 REMOVAL (Specify) Clarksville . Md Linthicum Chanel REG'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md VR ALS 20M 1/65

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plnous funeral 24 hours after d b and in by TO HOSPITAL

Treatment of the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely function or funeral. The page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and in any event. law requires that the death certificate be executed VR A15 (4) 16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05697 05701

	ACE OF DEATH COUNTY				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e, STATE b. COUNTY							
100		romery		MARYLAND	Maryland Montgomery							
b.	CITY OR TOWN (ii	f outside corporate limits give nearest town)	i,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (porete limits, write	-	-		wn)	
<	silver Sn			12 years	Silver Spring					15 1		
d,			not in hos	pital, give street address)	d. STREET ADDRESS 0. 15 RESID							
		ings Road			2604 Jens		Road				A FARM?	
	AME OF ECEASED	First		Middle	Last	4. DATE OF	Montl	,	Dey	Yes	r	
(T)	ypa or print)	Adolf		Julius	Weishaupt	DEATH	P.		11			
5. SE	X	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	5	P. AGE (In years lest birthday)				R 24 HRS.	
	Male	White	WIDOWE		22 Sept. 188		79 yrs.)eys	Hours	Min.	
10a. done	USUAL OCCUPATI	ON (Give kind of work rking life, even if retired		ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITI2	ZEN OI	FWHAT	COUNTRY	
Roi	t. Carpen	A.	Blde	. Construction	2 West Vire	ainia		u	. 5	. A.		
13. F.	ATHER'S NAME	7000	13 000		14. MOTHER'S MAIDEN	8			-			
(John Weis	haunt			Sophia Me	ersing						
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(10s,	No, or unkown) (If	yesgive wer or detes of se	rvice)	24-03-3899 7	Lorence P. W.	oishou	nt Silve	1 Snes	na	Md		
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									ON	SET AND	DEATH	
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Conditions, if any, which Coronary artery disease.									unknown			
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	gave rise to immediate cause (e), stating the underlying DUE TO											
	ausa last.	(c)										
z =	PART II. OTHER	SIGNIFICANT CONDIT	ONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART				
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	OB. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)											
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Oc. TIME OF INJU	RY Month, Dey, Yee	20d.		CE OF INJURY (Home, feri		ty or town)	(Coun	ity)	10.79	(Stete)	
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1 1-	p.m.	19			20/20	10.00	. /			413		
				ded the deceased from								
5	aw the deceas	ed alive on4/	11/	196.6., and that	death occurred at	Os MOfran	Mithe causes	and on the	e date	e stated	above.	
2	20. SIGNATURE	7			ATTENDING /	MED.	STAFF			22	b. DATE	
	1	morn 1/2		_/	.D. PHYS.	DIRECTOR [PHYS.			4/1	2/66	
2	2c. PHYSICIAN'S	y de la constante de la consta		Y	22d. ADDRESS	- 17		4.2				
	NAME (Type)	Morris Per	ry, M	.Ď.	11602 Gdo	rgia A	ve., Sil	ver Sp	rir	lg, M	d.	
23e.	BURIAL, CREMATI	ON, 236. DATE THERE	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOC	ATION (City, to	wn or county)	(Stete)	
RE	MOVAL (Specify)	15 April		Parklawn Cemi	eteru	Rock	ville. M	arulan	ed			
-	UNERAL DIRECTOR	-12	,,00		- 1		STRAR 25b, RE	-		TURE		
14	Chai	Semo / can		843400georgia F	ivenue		4.0	leaveley		de		
1 100	arner (.	Pumphrey, S	nc.	Silver Spring.	Md. DARR	14	366 AC	- Cros	X	-		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY after the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Pag write RURAL and give nearest town) hours SILVER .= NUER papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? thin YES ND X executed within completely carbon NAME DE First Middle Last DATE Month Day Year DECEASED Anderso (Type or print) DEATH - 1966 гетоуе SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED last birthday) | Months | Days and Hours any 9-13-06 WIDOWED DIVORCED Ξ 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRYZ and 3 et. Personnel Of ticer 09 argiculture death certificate a 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME attending phermit. Then Carl A. Anderson Johanna Johanson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDCIAL SECURITY ND. 17. INFORMANT the aften it permit. 0 (Yes. no, or unkown) ((If yes give war or dates of service) Thauer Huenue cremation, 220-44-7346 Frederick been signed by the burial-transit prior to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. this certificate has 38 (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health FICATI PERFORMED? 4 NO T YES CERTI 2Da. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) detached f te Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by be p.m. at work at work should ith the D 21. I certify that (I) (this hospital) attended the deceased from O FUNERAL DIRECTOR: 1966 and that death occurred at 77 saw the deceased alive on .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF Page 4 may t DIRECTOR PHYSICIAN'S 22c. director, p 22d. **ADDRESS** 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Soecify) Rockville. Maruland Parklawn Cemetery 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE wer Spring. Marylandar VR A15 (4) Charles Judge

Tree say to Constant of Assertation (1997) and the constant of the constan The state of the s Charles C. Marriage, See School of the War and APR 2 & 1966 Art 1967

2	1 ()	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	1. MARYLAND
	# 80 F		05703 CERTIFICATE OF DEATH	05699
	funeral and 2 ar death.	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNTY	
	by the fur Pages 1 aurs after d	-	MONT GOMERY b. CITY OR TOWN (If outside corporate limits, walte RURAL and give nearest town) MARYLAND MARYLAND MC. CITY OR TOWN (If outside corporate limits, write RU	T90 MERY URAL and give nearest town
	24 hours after filled in by the fapers. Pages 1 n 72 hours after		SILVER SPRING VI-HK SILVER SPRING	15-1
0	24 ho filled i papers. iin 72 h	0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Holy Ross Hospital 15109 Peach Orchard Re	e. IS RESIDENC DN A FARM?
7	thin tely on p	3.	NAME OF First Middle Last 4. DATE Month	Day Year
	completely ve carbon event, with		OF DEGEASED (Type or print) ANNA WETTER PUER DEATH 4	10 19 66
	executed within 24 hours in and completely filled in by remove carbon papers. Pagin any event, within 72 hours	5.	Female White WINDWED TO PINORES TO 2 - 24 91 last birthday) Mont	NDER 1 YEAR IF UNDER 24 HR ths Days Hours Min
	e exidan a	10 du	De HOUSE POOLIDATION (S) - N. L.	2. CITIZEN DF WHAT COUNTRY?
	certificate be exiding physician a Then please referenced in and in	13	HOUSEWIFE GERMANY	U.S. A.
	tifica ng pl	1	3. FATHER'S NAME	.//
	24.00		5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) ((If yes give war or dates of service)	7
	the attent t permit		NO 274-09-2988 mis. Trieda Tilapalrick-	Same as #-
	the h. by th nsit emat	3	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circle My Cardeal Infarction	INTERVAL BETWEEN
	that siciar ned al-tra al, cr		H20 DUE TO 11	moreste
	PHYSICIAN: The law requires that the death certificate be the soppied or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please to Dept. of Health prior to burial, cremation, or removal, and it		Conditions, if any, which gave rise to immediate (b) Infrastrumente lividenoscleration Caroles -	
	required in to to		cause (a), stating the underlying cause last. (c)	
	ICIAN: The law ospital or atten certificate has hed for use as to death price.	ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	N: The Tal or Infication of the Lead	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item	YES ND
	PHYSICIAN: The law requence the hospital or attending rethis certificate has been detached for use as the te Dept. of Health prior to			1 10./
		MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 at work at work 19 at work 19	(County) (State)
	R. At		21. I certify that (I) (this hospital) attended the deceased from 3-24, 19, to 4-10, 19	966, that (1) (we) tas
	reta reta ccro scho		saw the deceased alive on 4/10/ 1966, and that death occurred at M, from the causes and of 22a. SAGNATURE	
	L OR by be DIRI	No	Barnard a Interest M.D. PHYS. DIRECTOR DIRECTOR PHYS. 1 4	4-10-66
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	1	22c. PHYSICIAN'S NAME (Type) SERNARD A. FITZGERALD 217 UNIU BLUDE. SILVER -	Spains, Md
	Pag TO FU dires		BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or BUK1AL) 4-13-66 Toust Hell Cemelery Canton	r county) Of (State)
		2		RAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	1	Trances Callin 3821-14th of Mills No DATE! 11 12 1900 1	100

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MARYLAND STATE DEPARTMENT OF HEALTH

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ninitantly. YES 02.7/0% BILLYNE g van o Bethords Als Linton Avenue McChesda, Md. 20014 The labour 3 Mills Frances Elizabeta DOTE 13 Adjust Island 11 Fourie white minigaly 0110. SCHOOL BOOK Julia Surber delicer w. Elevins The Medical Rocord Unascertainable The Climical Center, Bethesda, vd. 20010 Carding Failure Hitral and Tricuspid Insufficioncy ETROV 21 IE MONTS Paguatic Heart Disease Postenerative mitral and tricuspid regimes ent April 17 do marri 28 line do a sa Linga OK 25 Acres 1 1966 The Climical Conter, Mathematic Unstitutes of doubte, Bethavia, Md. E Robert A. Buccino, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05705 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 haurs after death sletely filled in by the funeral carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COLINTY MARYLAND haurs after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (It outside responde limits. c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give neonest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 YES NO R NAME OF DATE First Month Doy Year DECEASED OF DEATH (Type or print) SEX 6. COLOR OR RACE 9. AGE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last hirthday) Months Doys WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? Govt. 13. FATHER'S NAME buriol, cremation, or removo CAUSER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dates of service 177-07-6223 Mabel F. White Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SONSET AND DEATH PART I. DEATH WAS CAUSED BY: Throm basis Coronary IMMEDIATE CAUSE (o) attending physicion. DUE TO Inforction. buriol Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse hos been Cariatio Vascular Disease WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram _______, 1960, ta_______, ta_______, that (I) (we) last saw the deceased alive an ______, 1966, and that death accurred at 230 M, from couses and on the date stated above. director, page 3 should should be filed with the be retained 22o. SIGNATURE 22b. DATE SIGNED STAFF 13 april DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John G. Ball. 7936 Old Georgetown Rd., Bethesda 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) MC (State) 23o. BURIAL CREMATION. Burral Werransit 4/16/66 Grove Hill Cemetery Oil City, Pennsylvania 250_ REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bethesda, Md. Pumphrey VR A15 (4) 20 M 1/66 Ochanles &

LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05706 MEDICAL EXAMINER'S CERTIFICATE OF FOR STAT HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY e. STATE Maryland b. COUNTY Montgomery Montgomery the funeral 5 mar. MARYLAND Department after death. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) funera may b c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Silver Spring Silver Spring 15 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is 3 to 1 State 115 Woodridge Avenue Holy Cross Hospital NO PO YES and 3. 3. DATE Month Day Yeer NAME OF Middle DECEASED 2 E (Type or print) DEATH 19 Daw after death. If a S. Give Pages 1, 2 ong with form F AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED PO NEVER MARRIED last birthdey) | Months | Days Hours Male 60 DIVORCED 1905 WIDOWED event 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Bendix corp. SUDERVISO! Nebor-Missouri any pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours in Item 18 in Item Office Arthur White Leona Gra File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes pive war or dates of service) 5 49-50-1766 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 15 Woodridge Hvenne permit. I EXAMINER: This certificate should be executed within Anna White Spring In pencil les Examiner INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), 4b), and 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (e) "pending" Medical E DUE TO Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the O the word underlying couse last, (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION used to bur PERFORMED? to the NO YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) the certificate, writing 20a. EXTERNAL CAUSE WAS should be forwarded PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 should lagent, pri MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour e.m. While Not While at work et work DIRECTOR: Page r its designated and in my opinion 21. I certify that I took charge of the remains described above. held an Autopsy Inspection Undetermined manner Suicide Homicide Natural-causes CHIEF MEDICAL EXAMINER Your 22. DATE SIGNED execute ACTUAL Page MEDICAL EXAMINER SIGNATURE for 0 FUNERAL F Health of Address (Street, city, town, or county) please ex director. retained **EXAMINER'S** NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (CITY, town or county) (Stete) BURIAL, CREMATION. 23c. 23a. REMOVAL (Specify) 0 Arlington National (Arlington. Virginia em. 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR GEOTATA Avenue 1966 VR A15ME Pumphrey. Inc. Silver Spring. 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05703 CERTIFICATE OF DEATH 05707 executed within 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ely filled in by the ban papers. Page within 72 hours a 6 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Naval Hospital 4502 Delmont Lane YES NO ST 3. NAME OF Middle carban First 4. DATE Month Day Year DECEASED Elizabeth Donna WHITESIDE April (Type or print) DEATH 19 9. AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E B. DATE OF BIRTH last birthday) Months Days 13 Hours Female Canc WIDOWED DIVORCED | Sept. 30. 1959 6 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY and Rapid City, South Dakota USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal Daniel Fowler Whiteside PHYSICIAN: The law requires that the death certi Patricia Dale Littleton 17. INFORMANT Dr. Daniel Whites Alde 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na. ar unknown) I(If yes give war ar dates af service) a 4502 Delmont Lane. Bethesda, Maryland None No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial pneumonia IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave Cystic fibrosis rise to immediate cause (a), DUF TO stating the underlying cause as the by the haspital ar attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? this certificate has detached far use te Dept. af Health 2 YES - NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram April 7 , 1966, to April 13, 1966, that (1) (we) last TO HOSPITAL OR ATTENE Page 4 may be retained saw the deceased alive an April 3 19 66, and that death accurred at 1210 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 14 April 1966 M.D. PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) U. S. Naval Hospital, Bethesda, Md. J. I. Lybch. M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) BREMOVAL (Specify) 4-15-66 Parklawn Cemetery Rockville, Maryland ADDRESS 24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Dethesda, Md.

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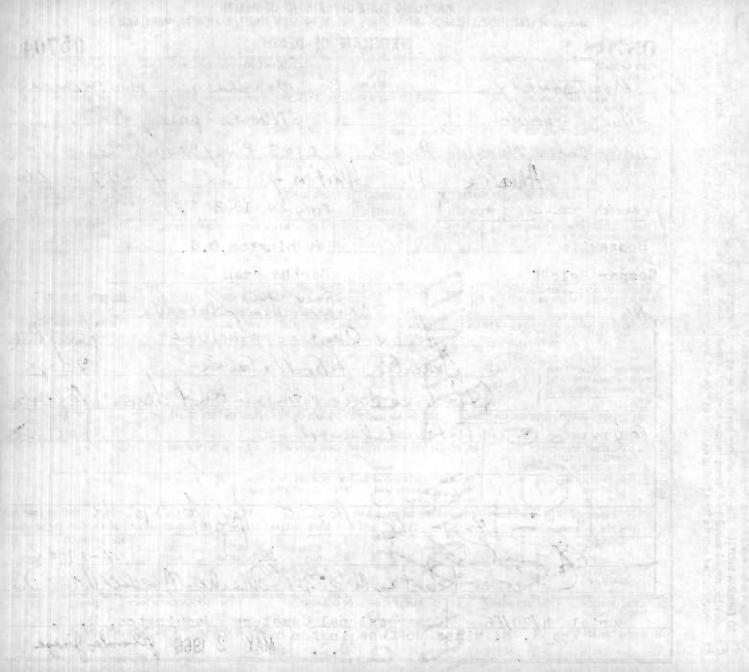
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	- 6	05708 CERTIFIC	ATE OF DEATH	05704
90	(PLACE OF DEATH a. COUNTY MARYLAN b. CITY OR TOWN (If our de corporate limits, c. LENGTH OF STAY IN 18	14/24/200	ONTSOMERY
90	0	d. NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give street oddress)	d. STREET ADDRESS 8303 Piney Branch	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED (Type or print) Hadie H.	Whiting 4. DATE Month OF DEATH	-27 - 166
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE. Cauc. WIDOWED DIVORCED		Months Days Hours Min.
	duri	b. USUAL OCCUPATION (Give kind of work done ing most of working life, even if refired) Housewife FATHER'S NAME	11. BIRTHPLACE (County & Stote, or foreign country) Washington, D. C. 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? U. S.
		Caspar Egloff	Martha Aman	
	1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates of service) NO	17. INFORMANT Chase Address Nursing HomeoRecords	same as #1
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last. (c) Levy land (b)	Czatisc foilure februlistavi	INTERVAL BETWEEN ONSET AND PEATH WAY OF THE
^	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	CERTIFICATION	200. ACCIDENT WAS UNDERLYING \(200. ACCIDENT WAS UNDERLYING \(\text{200. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER) \)	RRED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 19 (2) and		, 1 🔑 , that (I) (🖦 las
		220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 4-27-66
1		22c. PHYSICIAN'S NAME (Type) (the serious of the s	U.D 3701 Coursehen Aced	in lass. Do
	230	o. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/30/66 Congressi	Y OR CREMATORY 23d. LOCATION (Gity or Town	
	24			STRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 115705 05709 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Virginia o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Bethesda (rural) Falls Church days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1724 Olney Road U. S. Naval Hospital NO XX 3. NAME OF Middle First 4. DATE Month Year DECEASED Don Bradley WHITTON April 21 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Hours Mar. 26,1964 Male Cauc WIDOWED DIVORCED and in any the attending physician and sit permit. Then please rem 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of werling life, even if retired) **INDUSTRY** COUNTRY? Rhode Island USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jon W. Whitton Mary Jane Harbin Address Church, Va. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Jon W. Whitton, 1724 Olney Rd. Falls/ INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Hemophills burial-transit ONSET AND DEATH Hemaphilus influenza meningitis IMMEDIATE CAUSE (o) signed by DUE TO Encephalomalacia Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES X for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) of work ot work 21. I certify that (* (this haspital) attended the deceased fram Apr. 12 19 66, ta Apr. 21, 19 66, that (* (we) last 1966, and that death accurred at 645 M, fram causes and an the date stated above. saw the deceased alive an Apr. 21 22b. DATE SIGNED Apr. 22, 1966 220, SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) J. I. Lynch M. D. U. S. Naval Hospital, Bethesda, Maryland director, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. 8URIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Westview Cemetery Atlanta, Georgia April 1966 24 FUNERAL DIRECTOR IVES Funeral Home, 2847 Wilson Blvd. Arlington 25b. REGISTRAR'S SIGNATUR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE APR 26 Virginia

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 to PM3. Poge o. COUNTY a. STATE b. COUNTY of death. MARYLAND maridana montgomery delay b. CITY OR TOWN (If outside carpetate limit c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside carparate limits, write RURAL and give nearest lawn) ofter e. IS RESIDENCE ON A FARM? OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hours 03P YES NO Give Poges 24 hours after death. with 1 NAME OF DATE Manth Day Year DECEASED 0F 1966 within Type or print) 10 DEATH IF UNDER 1 YEAR AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED event Item 1 Office ond 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ohio ccountant rd "pending" in pencil in Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within = William G. Wilson Christman and Mary 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1022 Stront Street permit. (Yes, na, or unknown) (If yes give war ar dates of service) removol, Florence M. Wilson 270-10-9022 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 10 Gunshot wound of head, through mouth. IMMEDIATE CAUSE (a) the word cremotian, DUE TO with exsanguination. Conditions, if any, which gave te, writing the forwarded to t rise ta immediate cause (a), DUE TO stating the underlying cause 0 buriol, lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate. its designoted ogent, prior to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARX or CONTRIBUTING should Deceased discharged loaded revolver in his mouth. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge 4/10 19 66 Silver Spring Montg. Md. pleose execute Home 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection V Inquiry 🔀 and in my apinian Natural causes the funerol director. death resulted from: Accident Suicide TX Underermined manner Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Heolth or i NAME (Type) DELDEN fawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 1966 Arlington National Cem. Arlington, Va. 2Sb. REGISTRAR'S SIGNATURE omas 8434 Ageorgia Avenue 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Silver Spring. Maryland PR Pumphrey, Inc. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Items 10-21 Film 65//

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
VISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
711	CERTIFICATE OF DEATH	0574

DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
U5711 CERTIFICAT	E OF DEATH	05707
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	tesidence before admission
Montgomer V MARYLAND		
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate ilmits, write RURAL	and give nearest town)
Totama Park That	Washist H	7 - 2
d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Washington Sanitarium + Hospital	12903 31 et St. SE, apt B25	ON A FARM? YES ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) 2a Rah Jane V	11.001	11 1966
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
female white WIDDWED DIVDRCED	6-6-83 82 yrs.	
40a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN DF WHAT
Secreta RV	marviand	15A
13. FATHER'S NAME /	14. MOTHER'S MAIDEN NAME	
Neill Rabinatte	Louisa O'Rounks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (If yes give war or dates of service)	Harritel Cont.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	resqual pereras	I INTERVAL BETWEEN
DADT I DEATH WAS CALISED BY	E lam	DNSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonory	Cause	few hours
Conditions, If any, which	11 1 = 1.	31 ht
gave rise to immediate	- Heart Failure	21113
cause (a), stating the DUE TD	.) (:,	ON West
underlying cause last. (c) CVA = +/N PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATER TO THE TERMINAL DISEASE COMPUTION CIVEN IN PART 1/2)	19. WAS AUTDPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
		YES ND
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCC DR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY DCC OR CONTRIBUTION CAUSE OF DEATH 20b. DESCRIBE HOW INJURY DCC OR CONTRIBUTION 20b. DE	URRED. (Enter nature of Injury In Part I or Part II of Item 18	.)
Gart.	ACE DF INJURY (Home, farm, 2Df. (City or town) (Cou	inty) (State)
P.m. 19 While Not While at work		
21. I certify that (1) (this hospital) attended the deceased from	4.5 , 1966 , to 4.11 , 196	that (1) (we) las
	it death occurred at 2 7 AM, from the causes and on t	he date stated above
22a. SIGNATURE	22b. D	ATE SIGNED
R. H. Caretra M.	D. ATTENDING MED. DIRECTOR PHYS. 4.	11.66
22c. PHYSICIAN'S NAME (Type) R. H. Sandstrom MD.	770) Carroll Ave Takona Par	rmd
		1
23a. BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME DF CEMETER REMDVAL (Specify)	Y DR CREMATDRY 23d. LDCATION (City, town or co	unty) (State)
Burial Apr 14. 66 Odd Fellow	s Cemetery Flintstone, Mc	
	S Cemetery Flintstone, Mc 25a. REGISTRAR 25b. REGISTRAR	'S SIGNATURE

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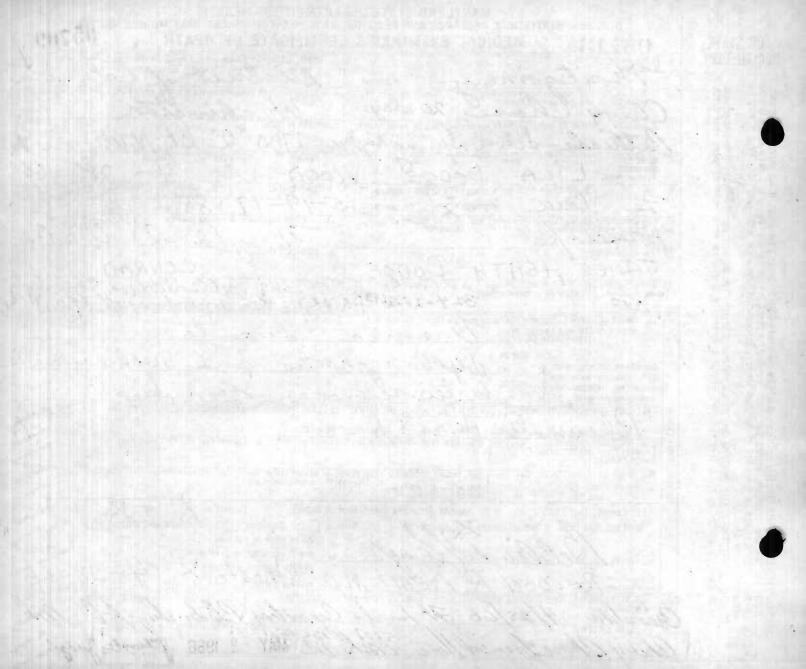
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI CERTIFICATE OF DEATH Them 9 Film G376 4/28/66 mb 1. PLACE OF DEATH COUNTY O. STATE O. STATE D. COUNTY D.	TLAND
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1. PLACE OF DEATH e. COUNTY o. STATE b. COUNTY b. COUNTY	ice before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give	neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS)	e. IS RESIDENCE
90 The MARYLANDER HOME OF BEST INC 10701 WEST MAIN ST.	ON A FARM?
3. NAME OF First Middle Last 4. DATE Month Dey DECARSED (Type or print) (Type	11
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH/ 9. AGE In years IF UNDER 1 YEAR	
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done during most of working life, even if retired)	CA-
13. FATHER'S NAME	271
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	71 7
(Yes, no, opunkown) (If yes give weror deles of service) NONE Genera adams, The Marylander of	Germater
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	TERVAL BETWEEN
4201 DUE TO My ocardial Infanction	48 th
Conditions, if eny, which (b)	
gave rise to immediate couse (e), stating the underlying cause last.	
Cause lass. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18.)	YES NO
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) While Not While et work et work et work	(Slele)
21. I certify that (I) (this hospital) attended the deceased from 7-3 185, to 4-19 , 1965,	
saw the deceased alive on	22b. DATE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4-19-6
1 22c. PHYSICIAN'S NAME (Type) W. G. HALL 22d. ADDRESS 6/5 W. MONTGOMERY AVE. N	OCKVILLE
233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS 55 GH, HVE 250 MBS D BY REGISTRAN 250 MISTRAN 250 MBS SIGNATURE	Wast-DX
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SS. GTH. IT VELL 2500 BEC B BY REGISTRAN 2500 CUSTOM STORES	

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14 1 (NA)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY b. COUNTY
th.	MARYLAND WISHLET OF COLUMNIA
tuneral funeral may be artment r death.	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 clays
Dep affer	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (C)
Page 131 Page 141 Pag	Bethesda - sever spring ray, The 2/00 & Dr. /V, W. YES NO
my del 2, and 1M3. The S 72 ho	3. NAME DF DECEASED (Type or print) LILA DOOGE WOOD DEATH 4 28 1966
=======================================	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
death.	Le Cectic, WIDOWED DIVORCED 3 -19-11 88 yrs.
Sive Sive	10a. USUAL OCCUPATION (Give kind of work dona) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11b. Mind of working life, even if retired) 11c. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
14 hours life a soffice a sand in	15. WAS DECEASED EVER IN 9.S. ARMED FORCES? 16. SOCIAL SECURIONO, 17. INFORMANT 2119 12. 100 Address. Charles
WE	(Yes, ma, or unkown) (If yes give war or dates of service) 324-20-2673 Bail line Loe Haldsborough (Santing
certificate should be executed within iting the word "bending" in pencil ided to the Chief Medical Examiner's ld be used as a burial-transit permit.	18. CAUSE OF DEATH [Enter only one cause payline for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
ecute ng" in I Ex ransil m, on	HHMEDIATE CAUSE (a) CACEMIA. SELECTION OF THE PROPERTY OF THE
id be executed "pending" in f Medical Exal Exal burial-transit cremation, or	Conditions, if any, which gave rise to immediate (b) Alelonephritis and nephrosilerosis
d "puld t	causa (a), stating the DUE TO GO DE TO
certificate should "iting the word "ded to the Chief Nide to be used as a by prior to burial, cr	
iffication the to the t	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Itam 18.)
R: This certificate, writing forwarded to 3 should be agent, prior	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of injury in Part I or Part II of Itam 18.) CAUSE OF DEATH.
CXAMINER: This certificate, writin ould be forwarded es. R: Page 3 should bignated agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) 20g. (City or town) (City o
tifica be 1	
EXAMINE CERTIFICATION OF A Should be ur files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion, death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
cute rie c age 4 shou r your files DIRECTOR:	CHIEF MEDICAL EXAMINER
xecute Page for you	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
DEPUTY Mease exerctor. Prained for Funeral. Health	EXAMINER'S SELDEN R. NEAP, M. D. Address Street, City, Town, or county) T 28 - 66
To DEPUTY please ey director. retained to FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS AND LIST OF THE COLOR OF THE
VR AISME (5) 5M 1/65	Chevy Chase Juneal Home WASh DC MAY 2 1966 Jolianles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 to PM3. Page a. COUNTY a STATE b. COUNTY 50 death. MARYLAND Department c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside largarate limits (If autside carparate limits, write RURAL and give hearest tawn) after OCKUILL d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours along with farm 25 State 8. Give Pages 24 haurs after death. NAME OF DATE Last Manth within 72 DECEASED OF 196 (Type ar print) DEATH SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED hirthday) Manths Davs Haurs WIDOWED DIVORCED event 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? VUD pages 2 14. MOTHER'S MAIDEN NAME Examiner pencil 13. FATHER'S NAME be executed within _ File and Charles Kitts Atwell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address pending" in ef Medical E permit. (Yes, na, ar unknown) (If yes give war ar dates af service remayal. W. Woodrum husband, same item Arnold 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: COTONZIY Insufficency Acute -OL IMMEDIATE CAUSE (a) ward This certificate should crematian, DHE TO Cardio Vascular Disease 4ears Canditians, if any, which gave writing the rise to immediate cause (a). DUE TO stating the underlying cause farwarded as burial, a used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? nPhysema- and Bronchial. Asthma-Chronicplease execute the certificate, NO ţ0 YES 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry X may be retained far FUNERAL DIRECTOR: ond in my opinion Noturol causes . directar. deoth resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** the funeral TO DEPUTY Old Geo. Rd DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health John G. Ball Bethesda, Md. Address (Street, city, tawn, ar county) NAME (Type) 23d. LOCATION (City or Town) Germantown, 23c. NAME OF CEMETERY OR CREMATORY Baptist Ch. Cem. 23a. BURIAL, CREMATION, Md (County) (State) Burial Rock. Pike 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home VR A15ME (5) DAMAY Rockville. Md. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery a. STATE Maryland Montgomery MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 13 days Silver Spring Rockville = bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE ON A FARM? 4407 Danvers Cross Hospital Street YES NOTE etely executed within uoq. NAME OF First Middle DATE Lest Month Day DECEASED DF (Type or print) JEFFERSON WOOLARD April R. DEATH 13. 19 66 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIEO DATE OF BIRTH Male D White June WIOOWEO [DIVORCEO | 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even If retired) Insurance COUNTRY? Virginia U. S. Insurance Salesman Richmond. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME remova Elizabeth Sisson Julian H. Woolard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as 0 (Yes, no, or unkown) (If yes give war or dates of service) 577-05-8414 Charlotte R. Woolard Yes Item 2. cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH law requires that the burial-transit burial, crem PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which peen gave rise to immediate r the DUE TO underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA WAS AUTOPSY PERFORMED? the hospital or YES NO DO 0 20a. ACCIOENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. OATE SIGNEO MED. DIRECTOR ATTENOING 4-13-66 M.D. PHYS. PHYS. HOSPITAL ADORESS FUNERAL PHYSICIAN'S 22c. director, p Wisconsin Ave., Bethesda, Md. NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 4-15-66 Burlal FUNERAL OIRECTOR Bethesda, Maryland VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) Mont gonzer o. STATE b. COUNTY P.M.3. Page at, Montgomer after death. MARYLAND b. CITY OR TOWN (If outside corporate limits c. IENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town write RURAL and give nearest tawn Gaithers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS farm haurs 3. NAME OF Middle DATE Doy within 72 DECEASED OF DEATH the (Type or print) 19 with 9. AGE (In years NEVER MARRIED birthdoy) Months Hours Dovs haurs WIDOWED in any event OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Meryland pages 13. FATHER'S NAA pencil 14. MOTHER'S MAIDEN NAME be executed within pup INFORMANI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service removal. 'pending" 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit Bun Shot Wound. 0 CL IMMEDIATE CAUSE (o) s a burial-tra certificate shauld writing the ward DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUF TO stoting the underlying couse as burial, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? the certificate. NO DO its designated agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY (\$\infty\$) or CONTRIBUTING \$\square\$ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld EXAMINER: Salt. c Rifle in chest Dear Heart 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year may be retained for yaur FUNERAL DIRECTOR: Page Not While foctory, street, office bldg., etc.) of work Gaithers burg Ment. 1966 at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [ond in my opinion the funeral directar. death resulted fram: Suicide 🔀 Natural causes Accident | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City (County) (Stote) 0 R MOVAL Specify) REC'D BY REGISTRAR VR A15ME (5)

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